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PROGRAMME DEVELOPMENT IN THE EAST ASIA AND PACIFIC REGION

The present document analyses major new trends and developments of UNICEF programme cooperation in the East Asia and Pacific region during 1992.

The UNICEF regional office has responsibilities for UNICEF cooperation in the following countries and territories: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Hong Kong, Indonesia, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Republic of Korea, Singapore, Thailand, Viet Nam and the countries in the Pacific region (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu).

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I. REGIONAL OVERVIEW

1. For the East Asia and Pacific region, 1992 was a year of continuous and sustained drive towards poverty alleviation through economic growth and social development. The basic social development strategies pursued by Governments, non-govermental organizations (NGOs) and United Nations agencies in the delivery of primary health care (PHC), improved nutrition services, clean water supply and sanitation facilities and literacy have significantly reduced infant and child mortality in the last decade. While further gains are still necessary, sustained attention in the coming decade must be given to the development and protection of children.

2. Significant progress, however, has not yet sufficiently reduced the impact of poverty in the region, which has brought malnutrition, disease and neglect to millions of children and women. UNICEF, in providing support to countries across a range of socio-economic development, faces unique operational and strategic challenges. At one end of the spectrum are countries undergoing major structural reforms. In these countries, the indicators for children and women point to substantial needs in all sectors and to special attention to ensure a "safety net" of social services for the poor. At the other end of the spectrum are the countries enjoying robust economic growth and remarkable progress in social services for children and women. Some of these countries, however, face the risks of rapidly expanding marginal populations and the negative impact of rapid economic and social change, including acquired immune deficiency syndrome (AIDS) and the increasing prevalence of children in difficult circumstances. At the middle range of the spectrum come those countries with improved economic performance, but which still have large numbers of children and women at high-risk.

3. In response to situations that vary in scope and dimension, UNICEF assists Governments to maintain and expand the reach of social services to more children and women, often under rapidly changing economic circumstances. At the same time, issues of equity in access to services, protecting the exploited and targeting the poorest communities are addressed. Consequently, diversity in response - political, economic, social and technological - is the guiding principle of UNICEF support. The challenge comes in pursuing a path that meets such diverse support requirements without diminishing the quality of the support, and at the same time strengthening the catalytic role of UNICEF in building national capacity for social development for children and women in the region.

II. WORLD SUMMIT FOLLOW-UP AND CONVENTION ON THE RIGHTS OF THE CHILD

A. World Summit follow-up and national programmes of action

4. In most countries of the region, the commitments made by the Heads of State and Government in signing the World Summit Declaration and Plan of

Action have been effectively pursued through advocacy, policy dialogue, planning and additional resource mobilization. At the country level, the integration of national programmes of action (NPAs) and the principles of the Convention on the Rights of the Child into national development plans has been a major accomplishment. In China, Indonesia, the Philippines, Thailand and Viet Nam, NPAs have been synchronized with and have become an integral part of their respective national development plans. The process of preparing NPAs has been participatory, with professional groups and voluntary organizations playing a key role. In the dynamic economies of East Asia, Governments are expecting the private sector to help expand basic social services in order to reach the Summit goals. While most NPAs have adapted Summit goals to their country conditions, estimates of resources required for implementation need to be further refined. In low-income countries such as Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam, and in least-developed island countries in the Pacific, there is a need for substantial international support to implement NPAs.

B. The Convention on the Rights of the Child

5. Eleven countries in the East Asia and Pacific region became States Parties to the Convention in the first two years. The Democratic Republic of Korea, Indonesia, Mongolia, the Philippines, and Viet Nam are due to submit their initial reports to the United Nations Committee on the Rights of the Child.

6. On 4-6 August 1992, the East Asia and Pacific Regional Office (EAPRO), in cooperation with the Government of China and the UNICEF office at Beijing, organized the Second Regional Consultation on the Convention on the Rights of the Child to discuss issues of implementation, monitoring and reporting. Cabinet ministers, parliamentarians and senior government officials from 13 countries participated, along with resource persons, including the chairperson and two members of the Committee on the Rights of the Child, a representative of the United Nations Centre for Human Rights, the Association of South-East Asian Nations (ASEAN) Secretariat, UNICEF, as well as the United Nations Special Rapporteur on the Sale of Children. Delegates explored ASEAN regional cooperation after examining the experience of the South Asian Association for Regional Cooperation (SAARC) and other regional groupings. They adopted "The Beijing Consensus", an agenda for action to transform the principles and provisions of the Convention into national legislation and administrative and judicial rules. They stressed the importance of establishing national focal points to ensure sustained, effective implementation, monitoring and reporting.

7. On implementation, most Governments have generally succeeded in addressing survival rights, but rights to protection and of participation remain more difficult issues to address. Issues of children in especially difficult circumstances are more openly discussed in regional forums. In the region, there are serious problems concerning street children, child labour and sexual, physical and mental abuse, as well as transnational issues, including child trafficking, international adoption, child prostitution and sex tourism.

8. In 1992, the regional strategy was: (a) to stress the vital link between and synergistic effect of achieving the Summit goals through the NPAs and complying with survival rights in the Convention; (b) to build alliances and mobilize new partners, including law enforcers, community and religious leaders, educators, women, youth and children themselves; (c) to monitor and harness the current interest and debate on human rights in the region; and (d) to intensify effective dissemination of information through regional networks. In this connection, EAPRO has supported the establishment of Child Rights AsiaNet, a regional resource, jointly managed by the law faculty of Chulalongkorn University and the International Law Association of Thailand and governed by a board of regional advisers. It is designed to be a repository of documents and other child rights materials, a centre for training and research and a forum on child-related issues.

9. ASEAN and other Asian leaders are engaged in a new, vigorous debate on human rights. For the first time, ASEAN declared a common position on human rights in a Manila (Philippines) Communiqué issued in October 1992. An ASEAN human rights charter or body has been proposed by some ASEAN leaders and academics. This development, together with progress towards democratization in several countries in the regions, would have a profound impact on children's rights to survival, protection and development.

III. PROGRAMME PROGRESS AND TRENDS

A. Child health

10. The region has scored a significant success in universal child immunization (UCI), with an impressive coverage rate of 90 per cent. However, more persistent health problems continue to threaten the survival of children. Diarrhoeal diseases, acute respiratory infections, measles and, in some cases, malaria, are still the leading causes of child death, compounded usually by malnutrition, ignorance and poverty. The general decline in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) from 54 and 70 per 1,000 live births, respectively, in 1980 to 39 and 53 per 1,000 live births, respectively, in 1990 tends to mask the situation in some of the countries with unacceptably high child death rates. Cambodia, for example, tops the list, with an IMR of 123 per 1,000 live births and a U5MR of 193 per 1,000 live births, followed by the Lao People's Democratic Republic, Indonesia, Myanmar, Mongolia and Papua New Guinea. Translated into absolute numbers, 1.5 million infants and 2 million children under five years of age die each year, with 90 per cent of deaths occurring in China, Indonesia, Myanmar, the Philippines and Viet Nam.

11. The situation underscores the importance of an integrated PHC approach, which has been successfully implemented in China, Indonesia and Thailand. The UCI Plus strategy, which incorporates other maternal and child health (MCH) services and a strong social mobilization component into PHC services along with child immunization, is gaining importance. In many cases, this strategy is combined with an area-specific approach to institutionalize essential

services at the grass-roots levels in order to more effectively reach the population groups. Based on current developments, the region is likely to achieve the reduction of IMR and U5MR to 29 and 42 per 1,000 live births, respectively, by the year 2000.

B. Breast-feeding

12. The promotion of breast-feeding practices and the banning of public advertising and the use of free supplies of infant formula to hospitals are being actively pursued in many countries through the "baby-friendly" hospital initiative. A world breast-feeding week was organized in many countries, notably in China, Indonesia, the Philippines and Thailand, between 1-7 August 1992. The Philippines and Thailand had joined the 12-country "baby-friendly" hospital initiative experiment with encouraging results. Indonesia, though not involved in the intensive programme, has given the highest level of political commitment to the initiative. Governments have also taken measures to stop the free supply of low-cost infant formula by milk companies to hospitals and maternity institutions, although intensive efforts are still needed for private hospitals.

C. Family planning and maternal and child health services

13. Maternal mortality rates (MMRs) remain high in some countries despite concerted efforts throughout the region to improve maternal health. Cambodia, Indonesia, Papua New Guinea and Myanmar register MMRs of 500, 450, 900 and 460 per 100,000 live births, respectively. A high level of political commitment will be needed to achieve the World Summit goal of reducing MMR by one half by the end of the decade.

14. The goal to reduce MMR is being pursued through the safe motherhood initiative, which, among other things, promotes timely pregnancy care, immunization, family planning and nutrition supplements. In the formerly centrally planned economies and pronatalist environments of Cambodia, the Lao People's Democratic Republic, Mongolia and Myanmar, the concept of family health and birth spacing is gaining acceptance. The current trend in the region is to integrate family planning services with MCH services, with the specific objective of lowering maternal and child mortality. The best examples of this approach can be found in China, Indonesia, Myanmar, Thailand and Viet Nam. If pursued effectively, this could influence the fertility behaviour among the populations.

D. Human immunodeficiency virus/acquired immune deficiency syndrome

15. AIDS, which poses a major health and survival threat to children and women in the region, is spreading very rapidly among intravenous drug users and prostitutes. Recent studies indicate that AIDS is now encroaching on the

general population through heterosexual contact with these high-risk groups, the predominant mode of transmission in the region. The countries most seriously affected by the virus are Myanmar and Thailand, although cases are reported in virtually every country of the region, with the possible exceptions of the Democratic People's Republic of Korea and Mongolia.

16. Preventive measures to contain the problem are being taken in almost every country in the region. Information, education and communication campaigns targeted at high-risk groups and the general public have been launched. National AIDS committees have been set up and national AIDS control programmes have been formulated either on a short- or medium-term basis. Thailand has stepped up AIDS education in schools, extensive testing and screening of blood before transfusion, training and strengthening of laboratory services, sentinel surveillance and counselling services. A regional consultation on AIDS was organized by EAPRO for representatives and senior programme staff from the region between 4-5 November 1992 in Bangkok.

E. The Bamako Initiative

17. A health contract system has been introduced in the Lao People's Democratic Republic, Myanmar and Viet Nam. The system takes the form of a health card programme or a pre-paid voluntary insurance system in Thailand, in which the local community shares some of the costs of medical care. The system is also being implemented in China as health insurance for child immunization and general health care.

18. The need for alternative mechanisms such as the Bamako Initiative is likely to grow in some countries in the region as the funding capacities of Governments are affected by declining economies. A major obstacle is the shortage of foreign exchange for the purchase of essential drugs, for which the UNICEF reimbursable procurement system has been of great assistance. Plans are under way to hold a regional workshop in the first quarter of 1993 to promote the Bamako Initiative among selected countries in the region.

F. Water supply and environmental sanitation

19. Generally, access to safe drinking water is still low. The regional average in 1990 was 68 per cent, with the Philippines and Thailand reporting more than 80 per cent and 90 per cent access to safe drinking water, respectively. Six countries reported access rates below 50 per cent, with the lowest rate of 3 per cent recorded in Cambodia. More than 500 million people in the region do not have access to safe drinking water, 300 million of whom are in China and 100 million of whom are in Indonesia.

G. Basic education

20. The region continues to be relatively advanced in terms of its literacy and primary education enrolment rates. Conventional correlates of educational quality, such as the availability of trained teachers and textbooks, are also relatively high in the region as a whole. However, some countries, particularly those in Indochina, continue to have problems of access to primary education. While literacy rates are high, the absolute number of illiterates, particularly in China, also remains high. A major problem is the primary education drop-out rate, which remains as high as 25 to 30 per cent, even in some countries with fairly mature and sophisticated basic education systems. This drop-out rate ensures a continuing pool of functionally illiterate adults.

21. Despite the high overall primary education enrolment rates, sizeable pockets of people who do not have access to primary education remain. Typically, these people are members of ethnic minority groups in remote geographic regions. They are often further disadvantaged, even when they do have physical access to schooling, by being compelled to follow a curriculum irrelevant to their needs and taught in a foreign or alien language. In addition, there are large numbers of children who have access to primary education, but are unable to complete their schooling because of social or economic constraints. Alternative basic education programmes are sometimes available for these children, but in general, the coverage of these programmes is inadequate.

22. The UNICEF-assisted education programmes in many countries include projects for ethnic minority children and school drop-outs. A strong case can be made, nevertheless, for a regional Education for All (EFA) strategy which focuses much more attention on, and allocates a greater share of programme resources to, ethnic minority children and children who have dropped out of the formal education system at an early stage. There is a need for advocacy to encourage Governments to exert greater efforts to reach these groups, as well as a need for more experimentation with approaches designed to address the special situations of these children.

23. During the year, national EFA planning workshops were held with UNICEF support in Myanmar and Viet Nam. In the case of Viet Nam, both national and provincial conferences were held to ensure broad participation and to involve all levels in the identification and preparation of EFA projects. China and the Philippines undertook innovative and participatory approaches to project evaluation. In the Lao People's Democratic Republic and the Philippines, new strategies designed to deal with the problems of the supply and quality of teachers for remote ethnic minority groups were initiated. The education programme in Cambodia supported some new approaches to the training of primary teachers through the use of videotapes. Education projects were started for the first time in Malaysia and Papua New Guinea, with a focus on early childhood education and female literacy, respectively.

H. The girl child and women in development

24. Many countries in the region have given priority to, or have adopted, progressive national and sectoral policies for the advancement of women. However, implementation of these policies has yet to take place in a number of these countries. UNICEF-supported programmes which directly benefit women are integrated into the sectoral programmes for health, nutrition, education and literacy and water supply and sanitation. They also include support for income generation, female-headed households and women's participation in local development.

25. Several countries in the East Asia and Pacific region have reported that there are no disparities between girls and boys, except in some Pacific island countries. However, it is noted that in almost all countries in the region, the drop-out rates for girls are still disproportionately higher than those for boys. School enrolment for girls is lower than for boys, and girls also have less access to higher education in many countries. Girl child concerns are increasingly given priority in UNICEF-supported advocacy and social mobilization activities, which stress the need for appropriate policies, legislation and allocation of resources.

26. In many centrally planned economies of the region, national women's unions or associations play a leading role in promoting women in development activities. In China, the All China Women's Federation has conducted many skills training courses to support income-generating activities for women cadres, including the dissemination of Facts for Life messages. The Lao Women's Union is strengthening women community workers' networks at the local level to promote child survival and development (CSD) interventions. In Indonesia, the Family Welfare Movement plays a prominent role in mobilizing women and ensuring their effective participation in development. The Viet Nam Women's Union has participated actively in the drafting of the new state laws and policies concerning women and children, as well as in the control and supervision of the implementation of those laws and policies, with the aim of ensuring gender parity. The union has been closely associated with UNICEF to further improve child survival and women in development programmes.

I. National capacity-building

27. Over the past two decades, several countries in the region have studied and specifically addressed the questions and issues of sustainability and national capacity-building in pursuit of economic growth and social development. Countries such as China, Indonesia, Malaysia, the Republic of Korea and Thailand have pursued deliberate planning and development strategies. Sustainability and capacity-building at political, financial, technical and managerial levels have been carefully operationalized through the formulation, implementation and evaluation of programmes, especially those for children. UNICEF has made a contribution through its country programming process and partnerships with national, subnational and local governments and NGOs. This emphasis on capacity-building is structured and promoted through

joint planning, implementation and monitoring procedures and systems in social sectors. The tradition of continuity and change nurtured through multi-year programmes of cooperation with government policies and programmes for children has clearly demonstrated their impact on social indicators and the emergence of responsive leadership and management for progressive and social development.

28. Examples of broad-based national and subnational capacity-building through area-based approaches can be seen in China's model counties programme and in provincial, district and community-based programmes in Indonesia, the Philippines, Thailand and Viet Nam. In all of these countries, area-based approaches are making a significant contribution to the adoption of more realistic decentralized programmes for reaching disadvantaged groups, reducing disparities and achieving CSD goals for the 1990s.

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PROGRAMME DEVELOPMENT IN THE SOUTH ASIA REGION

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the South Asia region during 1992.

The UNICEF regional office has responsibility for cooperation in the following countries: Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka.

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I. OVERVIEW

1. In June 1991, the South Asia region was reconfigured to correspond more closely to the existing pattern of regional cooperation. This report, the first to reflect a full year of post-reorganization operations, has as its frame of reference the goals of the 1990s endorsed by the World Summit for Children. These goals were adapted to individual countries in the region through their national programmes of action (NPAs) and to the region as a whole at successive summits of the South Asian Association for Regional Cooperation (SAARC). In political and strategic terms, the most recent expression of this process for children in South Asia is the Colombo Resolution on Children, adopted in September 1992 by the SAARC Ministerial Conference on Children in South Asia.

2. This report analyses, with a regional perspective, the broad trends in relation to the goals for children. A brief description is given of what UNICEF has done at the regional level during the past year as a sustained strategy to influence the pace of progress.

3. Afghanistan has yet to emerge from the throes of a 14-year war, which has destroyed what few social and economic support services existed. In the absence of peace, national consensus or availability of information, Afghanistan cannot form part of a regional perspective and needs to be examined separately. The situation of children and women, and the prognosis, are discussed in the UNICEF annual report for that country.

4. As regards the rest of the region, the socio-political climate has never been more favourable for Governments and communities to work together to achieve the goals for children. The practical implications of sustaining this commitment are threefold:

(a) Local government must strengthen its professional and financial ability to support the community;

(b) Various groups, especially women, must be organized and informed so that they are able to participate;

(c) Professional and voluntary groups must support a partnership between the Government and local communities.

5. These principles are accepted at the highest political level. In fact, the economic constraints currently experienced by Governments in the region make it even more necessary to persuade, activate and support communities to promote basic human goals, giving children priority.

6. As Governments try to limit domestic deficits and external trade imbalances through tighter fiscal and monetary policies, they move away from bureaucratic management of economic activities and towards greater reliance on market mechanisms. This calls into question not just the amount of resources available for social support services, especially for large populations with little or no access to the market, but even more pertinently the efficiency and accountability with which resources are used at the local level. There is, thus, an added responsibility attached to the use of public funds, including

external assistance, in order to nurture the participatory process (mentioned above and elaborated in chapter III below).

II. TOWARDS THE DECADE GOALS

7. With regard to the decade goals for children, regional trends are positive, but the present pace of progress must accelerate. For example, except in Maldives and Sri Lanka, where the under-five mortality rate (U5MR) is relatively low (81 and 21 per 1,000 live births, respectively), SAARC member countries must make tremendous efforts to bring down rates of 126 to 205 per 1,000 live births to a more acceptable level, somewhere between 50 and 80. Regional commitment, as outlined in the Colombo Resolution, has led to the following goals for the mid-decade:

(a) Control of diarrhoeal diseases (CDD): universal use of oral rehydration therapy for home-based treatment and universal access to oral rehydration salts by 1996;

(b) Sanitation: doubling of current levels of access to sanitary means of excreta disposal by 1996;

(c) Immunization: reduction of vaccine-preventable diseases and elimination of neonatal tetanus by 1995;

(d) Iodine deficiency: universal access to iodized salt by 1995;

(e) Dracunculiasis (guinea worm disease): eradication by 1995.

8. The feasibility of achieving those goals has been tested, and viable implementation strategies have been formulated. Efforts must now be made to implement projects, community by community, on a national scale. Countries must then share their experiences, thus enhancing regional cooperation to reach common goals.

9. In the South Asia region, the maternal mortality rate is even more serious than U5MR. It ranges from 830 per 100,000 live births in Nepal to 330 per 100,000 live births in Maldives. (The sole exception in the region is Sri Lanka, where the rate is 60 per 100,000 live births.) What is needed is improved antenatal care and risk detection, as well as obstetric attention during childbirth. In addition, the Colombo Resolution calls for raising the minimum age of marriage to 18 years and providing access to family planning services in order to increase contraceptive use by 50 per cent by the year 2000. Raising the age of marriage (which in South Asia's experience has proven feasible) will have other positive effects, among them fewer maternal deaths, higher birth weight, higher female literacy and lower population growth.

10. Basic education, which ranks first on the list of common goals set by the Colombo Resolution for the mid-decade, poses a great challenge. The primary school completion rate (even with repetition in grade) is as low as 26 per cent in Bhutan, 27 per cent in Nepal, 46 per cent in Bangladesh, 51 per cent in Pakistan and 53 per cent in India. (Only Maldives and Sri Lanka have rates of

approximately 90 per cent.) To raise these levels, the Colombo Resolution sets the following goals:

(a) Access to, and enrolment in, primary education for at least 80 per cent of boys and 75 per cent of girls, and completion of primary education by at least 50 per cent of boys and girls by 1995;

(b) Reduction of adult and adolescent illiteracy from 1990 levels by 25 per cent by 1995.

11. This renewed commitment to basic education places some countries under unprecedented managerial and financial strain. All the same, countries and communities with scarce resources have broken away from conventional approaches and have adopted imaginative alternatives. In the process, the status accorded primary schools, primary schoolteachers and the training of primary schoolteachers is being reassessed, as is the traditional school examination system. More attention, however, needs to be given to other determinants of success: the link between early childhood experience and successful transition to school; critical survival through the first three grades; reform of the education system; and, not least, ending the "apartheid of gender". Countries in the South Asia region are acutely conscious of these constraints and have developed ingenious methods to overcome them.

12. Over extensive parts of South Asia, girls figure prominently in the category of children in especially difficult circumstances. If the Colombo Resolution's commitment to the progressive elimination of child labour appears brave, it is also a minimum condition for universal primary education. Girls are also the victims of child marriage; at least one half of all women in South Asia are married before 19 years of age. Social discrimination, economic deprivation and gender bias readily converge and, therefore, need to be tackled together. The unforeseen negative impact on children of the enlarging urban slum environment in South Asia adds another dimension to the need to achieve the goals for children in difficult circumstances, especially in relation to child abuse and disintegration of the family.

13. This leads to the link, increasingly recognized in policy-making in South Asia, between poverty reduction and the goals for children. In particular, the goal of reducing malnutrition can be reached only if macroeconomic policies are supplemented with a simultaneous plan to combat poverty and a strategy of community organization calculated to enhance local self-reliance.

III. PROCESSES AT WORK FOR CHILDREN

14. NPAs of the seven SAARC member countries, prepared with a decade perspective, are, in one way or another, part of national development plans, thereby strengthening their viability. However, not all NPAs forcefully support the new strategic thrust affirmed by the Colombo Resolution. Therefore, the Resolution urges each country to formulate an annual action plan on major goals and supporting goals, divided into compact administrative units, and to review and update the plan annually.

15. In December 1991, the SAARC Summit endorsed a decade plan of action for the girl child. Bangladesh and India have taken the lead in translating this into an action plan at national and local levels. This is essential in order to reduce the glaring gender disparities that prevail in most goal-related indicators. Other SAARC countries should emulate this plan, which is a vanguard of the NPA.

16. Against this background, certain processes have been or are being initiated across South Asia, with UNICEF assistance where possible (see chap. IV below):

(a) Disaggregating national goals by local government jurisdiction (rural and urban) for joint community/government action, based on annual plans;

(b) Organizing communities, especially women's groups, in rural and urban areas, to work with local government teams (which must be formed);

(c) Reallocating domestic and external resources in support of the decade goals, based on an assessment of costs and consistent with strategies leading to community-based implementation and monitoring. This process will apply at both community and national levels;

(d) Harmonizing national laws with the Convention on the Rights of the Child, providing a legal lever for implementation of the Convention;

(e) Regional training for professional development in communication and community awareness in priority, goal-related areas (e.g., basic education, child protection and raising the female age of marriage);

(f) Forming political pressure groups of elected representatives at local, regional and national levels to promote and monitor progress;

(g) Creating a regional professional network of South Asian "eminent persons" to pursue goals in established and new fields;

(h) Conducting comparative studies of successes in the region in goal-related areas (e.g., basic education and sanitation);

(i) Regional mapping, analysis and evaluation studies of critical issues (e.g., iodine deficiency, girls' education, female illiteracy, early marriage, maternal mortality, child trafficking, child labour and poverty);

(j) Analysing and updating annually social indicators by identified regional network of institutions;

(k) Disseminating within and outside the region the results of the above efforts through special as well as regular publications.

IV. UNICEF REGIONAL AGENDA

17. In its efforts to support and facilitate regional cooperation, UNICEF seeks to mobilize and interact with the vast existing networks of qualified professionals and others concerned with child development issues in the region.

Governments must take advantage of the wisdom and initiative of the community and voluntary organizations. In building a partnership between the Government and the community, professional groups, irrespective of whether they are in or outside of the Government, have a crucial role. In the region, UNICEF acts as an interdisciplinary group with a clearly defined responsibility to work with similar groups on common concerns. Its role has evolved significantly during 1992 and will move ahead in 1993, along the following lines.

A. Regional professional network

18. UNICEF has been instrumental in the formation of small, high-level professional groups across the region. Eleven "groups of seven" met in the spring of 1992. Their members included health professionals, educators, communicators, economists, statisticians, jurists, social development workers, religious leaders, parliamentarians and those active in support of the girl child and urban child. These independent panels agreed on certain strategies and policy goals to be carried out by themselves and by others. Their combined report was presented to the SAARC Ministerial Conference on Children in South Asia held in 1992 and is being widely disseminated as the "South Asia Consultations on Achieving the Goals".

19. Later in 1992, at least two more groups emerged in the region. Their country-by-country report, "Space for the Child", was published as a booklet. Another new professional group, which interacts with UNICEF, is a five-country group on the tribal child. This group has launched a project to conduct a comparative study of five tribal communities in the five larger SAARC countries. This contribution from South Asia, which should be completed during 1993, is part of the International Year for the World's Indigenous People.

20. Members of these eminent regional panels from the same country form a core, interdisciplinary group at the national level. The group plays an advisory, catalytic role in the emerging community/government partnership in developing and monitoring the progress of the NPA. At the country level, UNICEF plans to support and enlarge this core group.

B. Professional development

21. Apart from regular staff training in areas of identified need, the professional quality and contribution of UNICEF staff are being enhanced by close interaction on South Asia's common problems, exchanging experience, building confidence and assisting in such fields as education, health, planning, communication, urban services, children in difficult circumstances and operational issues.

C. Knowledge, analysis and evaluation

22. There are three broad areas of concern where there is a need to deepen understanding in order to revise policy and programmes: (a) such problem areas as health, nutrition, education and protection that directly affect children; (b) systems that enhance or limit child development, such as economic

structures, demographic pressures, physical environment, service systems and sources of social support; and (c) socio-political structures and processes that promote or hinder policy and management of human development. Typically, problems in this third area relate to the transfer of resources and responsibilities to local communities, strengthening local governments, decentralizing power and streamlining social development and priorities for human and child development.

23. In collaboration with the professional networks established in 1992, UNICEF has supplemented current efforts through: a study of problem areas; operational research on possible solutions; "mapping" of problems common to different countries; monitoring of ongoing efforts across the region and evaluation of results; investigation of enabling communities to take charge of their goals; increasing resources; making better use of available resources; and coordinating efforts across professional disciplines and government departments.

D. Publications

24. Several reports were published in 1992 in addition to the "South Asia Consultations" and "Space for the Child" mentioned above. They include: Perspectives (a statistical profile that will be updated each year via region-wide institutional collaboration); Future (a development quarterly from Kathmandu, Nepal); Links (a news bulletin); and Search (an annotated bibliography).

25. Another example of enhanced professional cooperation in communication is the creation of "Meena", a positive role model for the girl child in South Asia. "Meena" figures as a character in both animated videos and in children's books and other print media.

V. CONCLUSION

26. During 1992, seven countries in the region were implementing NPAs. As a symbol and measure of real progress towards the goals for children in the 1990s, action plans for the girl child are now being launched. Governments in the region have also agreed to a set of goals for 1995 and 1996, common to South Asia as a whole, matched by alternative approaches in terms of strategies and resources. Accordingly, progress is both possible and essential at local, national, regional and global levels. As outlined in the present report, exciting opportunities are currently available to UNICEF to share resources, achieve common goals and implement regional strategies.

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PROGRAMME DEVELOPMENT IN THE MIDDLE EAST AND NORTH AFRICA REGION

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Middle East and North Africa region during 1992.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries and territories: Algeria, Bahrain, Cyprus, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen, as well as the West Bank and Gaza.

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I. POLITICAL AND SOCIO-ECONOMIC DEVELOPMENTS AFFECTING CHILDREN

1. In 1992, many positive developments occurred in the Middle East and North Africa (MENA) region. The Islamic Republic of Iran held national elections that opened new doors. Turkey witnessed a major shift after its national elections ushered in a full return to parliamentary democracy and an opposition party strongly committed to human rights. The process of democratization also continued in Jordan. However, many countries continued to feel the negative economic impact of the Gulf crisis, especially those that had to integrate large numbers of returning migrant workers and adjust to the loss of remittances and grants. Unsettled situations in Algeria, Djibouti, Iraq, Lebanon, the Sudan and the West Bank and Gaza put children in especially difficult circumstances under increasing stress. Uncertainty was a pervasive part of the environment during the year.

2. The report on programme developments in the region during 1991 sounded a more optimistic note, expecting a return to normalcy after a year when significant amounts of UNICEF emergency funds flowed into the region through Iraq, Jordan, the Sudan and Turkey (over $50 million, or 60 per cent of all UNICEF emergency support for the year). However, emergency operations continue: this year's emergency appeal for Iraq alone may reach $86 million and the Sudan also requires continuing emergency cooperation. The earthquake in Cairo, Egypt, in October 1992, provided a sober reminder that natural disasters, not just armed conflicts, can cause enormous human suffering in the region.

II. HIGHLIGHTS OF PROGRAMME, REGIONAL COOPERATION AND MANAGEMENT ISSUES

A. Placing children high on the agenda

3. Despite a climate of uncertainty and emergency, the region witnessed important steps forward for children. In November 1992, the League of Arab States held a high-level ministerial meeting in Tunis, Tunisia, on the situation of children. It approved a Pan Arab Plan for Children and agreed unanimously to a series of resolutions for immediate action through national programmes of action (NPAs). The resolutions call for the achievement of short-term goals in child survival and education.

4. The League of Arab States gave female education, particularly for girls, high priority. Its region-wide plan emphasized not only birth spacing, but also family planning, bringing to the forefront of regional and national agendas gender inequities. Against the background of chronic emergencies, the League's resolutions gave priority to all children in difficult circumstances. UNICEF assisted the League in developing a stronger regional perspective on children by supporting the preparation of a regional situation analysis of children; a special review of children in the Maghreb and in the Gulf region; a regional statistical profile on children; and an analysis of the 1990 universal child immunization (UCI) experience. UNICEF also assisted the League in determining the cost of reaching the goals of the Pan Arab Plan for Children.

5. The League meeting on children underlined the importance of implementing national programmes of action at the governor, provincial and municipal levels. The special role of governors and mayors was stressed, along with the need to find ways to reach underserved populations, involve communities and build subnational capacity for programme financing, delivery and monitoring. The regional office convened a separate meeting of UNICEF staff and experts with subnational planning and management experience to develop a strategy for strengthening national programme implementation in governorates and municipalities and to review how UNICEF can support this effort.

6. Special attention was given to developing a capacity to monitor national programme implementation, the driving force behind the regional office's development of a computer software package called DEEDS (data entry enhancement and display system). DEEDS tracks progress in reaching the goals for children at national and subnational levels. It also produces progress reports for policy makers and managers.

B. Children in especially difficult circumstances

7. The Middle East and North Africa region is prone to chronic violence and conflict. Children in Djibouti, Iraq, Lebanon, the Sudan and the West Bank and Gaza remained in difficult circumstances during the past year; in all cases these circumstances were man-made. Country programmes in Iraq and the Sudan, in particular, combined emergency operations with normal development activities. Both countries received significant UNICEF support, with a special focus on seeing that emergency operations in the north of Iraq functioned smoothly before the onset of winter.

8. During the year, UNICEF supported work in the region aimed at addressing the psychosocial effects of armed conflict on children. Specialists have counselled traumatized children in Iraq and Kuwait. Community worker training and televised parent guidance programmes have taken place in Kuwait, while the development of training curricula has begun in Iraq. A series of regional consultations has led to the development of a two-year programme that will produce guidebooks for teachers, health and other community outreach workers; create training modules for psychologists and child welfare workers; and produce regionally appropriate case materials on conflict-induced trauma in children. Priority has been given to projects under way in Lebanon, the West Bank and Gaza.

9. A review of the situation of children in the Sudan underscored the importance of maintaining basic education services, even during the most disruptive periods. From the perspective of children themselves, continuing education is sometimes more important than basic health care. The regional office explored longer-term actions that could respond to the problems of violence in children's lives. UNICEF supported discussions at the regional level on how global education and education for development could be directed to this issue. Work is under way to develop and adapt education materials in selected countries to focus on building skills in interdependence, cooperative problem-solving and tolerance. They will be introduced and tested in one or two countries already engaged in education reform. The materials will also be tested with such regional youth organizations as the Arab Scout Federation. To

complement these activities, UNICEF is supporting a review of media violence in the region in order to reduce such violence and expand the use of positive programming for children.

C. Sustaining progress in child survival

10. As part of the overall effort to maintain the momentum in primary health care (PHC) gained through UCI activities, UNICEF supported a study, Learning from a Public Health Breakthrough: Lessons Learned from the UCI Experience in the Middle East and North Africa. The study brings together reports of many partners under one cover and summarizes lessons that will be useful in formulating strategies in the 1990s to accelerate primary health care.

11. During 1992, regional support focused on the eradication of poliomyelitis, the expansion of measles coverage, immunization of women with tetanus toxoid and the promotion of safe motherhood. These areas require extra efforts in regional technical assistance. Outbreaks of poliomyelitis, even in countries with exceptionally strong programmes such as Jordan, turned attention to the unreached and strengthened national capacity in surveillance and sustained outreach. The World Health Organization (WHO) and UNICEF regional offices designed strategies for the reduction of poliomyelitis, measles and tetanus, especially in areas with poor coverage, the core of their common agenda at the WHO/UNICEF joint intercountry meeting.

12. UNICEF is developing a neonatal tetanus intervention strategy for high-risk areas, with special emphasis on overcoming the barriers that keep women from seeking reproductive health care. In collaboration with the Population Council, the regional office published Silent Endurance, a book that examined the factors that have slowed progress in women's health. This is part of a larger UNICEF effort throughout the region, in conjunction with other partners, to improve the status of women and bring women's health and family planning squarely into the forefront of maternal and child health concerns.

13. In 1991, it appeared that diarrhoeal diseases were retreating as the number one killer in the region. However, as more hard evidence appears, this no longer seems to be the case. Concern about slippage in diarrhoeal disease programmes mounted in the region during 1992. Studies showed a drop in the use of oral rehydration therapy in some countries and failure to expand its use, as planned, in others. Sustained behavioural change requires better training and communication strategies. Corrective action is under way in Morocco and Tunisia, and an international evaluation is in progress in Egypt. Lessons learned will contribute to a region-wide programme in 1993.

14. Close regional collaboration with WHO has moved beyond the expanded programme on immunization and the control of diarrhoeal diseases to a broader array of programmes for the 1990s. In 1992, the region held its first acute respiratory infections programme managers' meeting. Also in 1992, cooperation was initiated with the World Federation of Medical Education to explore how preventive and community medicine in medical school curricula in the region can be strengthened.

15. UNICEF fostered a region-wide nutrition network in cooperation with WHO and the Food and Agriculture Organization of the United Nations focusing on micronutrient deficiencies. The regional office organized a micronutrient review and mapping system for the region in preparation for a regional meeting in 1993 with WHO and the International Council for the Control of Iodine Deficiency Disorders. A regional strategy for micronutrient deficiencies is also being prepared.

D. Learning for the twenty-first century: regional flagship for the decade

16. Sustaining achievements of the 1980s in primary health care and in support for children in especially difficult circumstances continues to be a high priority for the entire region. Yet despite major strides during recent years, the region suffers from significant problems of gender disparity in school enrolment, high drop-out rates, illiteracy, lack of quality in learning and insufficient preparation of young people in the knowledge and skills required for life in the next century.

17. UNICEF collaboration in basic education in the region is based on a strategy of meeting the essential learning needs of families by imparting basic knowledge and skills. A review of the situation of girls' education in the Middle East and North Africa region initiated in 1992 is nearing completion. The review highlights strategies to increase girls' access to education, to increase the relevance of such education and to foster the development of a social and political climate that values and actively promotes the education of girls.

18. In the area of early childhood development, a series of regional consultations and exchanges during the year have produced a three-year programme focused on parents, utilizing communication modules on significant stages of childhood development that can be modified for use on television or in community-based parent education activities. These modules are to be accompanied by guidebooks for parents to use in the home. Five countries, Iraq, Jordan, Lebanon, Morocco and Turkey, are involved in the regional initiative, while Egypt, well-advanced in early childhood development programming, will also be involved in a consultative capacity.

19. In expanding basic knowledge and skills for living beyond the health-centred Facts for Life, a regional, six-country assessment has been completed to identify the concerns and needs of women with regard to the environment. The findings of the survey will form the basis for a regional environmental Facts for Life publication in 1993.

20. Recognizing the past success and future potential of the mass media, particularly television, as a learning medium, UNICEF supported the development of a "communication for learning" strategy. It aims to strengthen the overall capacity of television to promote and support improved child survival, protection and development in the region. The strategy pulls together, for training purposes, the best examples of television programming on PHC from countries in the region; involves training activities geared to incorporating Facts for Life messages into different television formats; diffuses global

education concepts related, for example, to interdependence, social justice, images and stereotypes, respect for civilizations different from one's own and respect for the environment; and uses television to support new approaches in community-based early childhood development and to reinforce the training of schoolteachers and family members in dealing with children affected by the violence of armed conflict. The aim is to make television a major element in the learning process.

21. During the past year, a survey of national television was carried out in selected countries as a foundation for future capacity-building. To support training and improve the content of children's programmes, consultants collected the best of children's television programmes from the region and from international sources, particularly internationally recognized children's film festivals. In addition, the Arab States Broadcasting Union conducted a two-week training course for directors and scriptwriters from several countries in how to improve programmes for and about children. UNICEF provided technical support on message design and on how to incorporate knowledge on child care and protection and Facts for Life messages.

22. The regional office supported the filming of projects that promote Facts for Life. These six- to eight-minute films will be televised to raise awareness of health education and to put Facts for Life messages into the hands of families. UNICEF is cooperating with the Arab League Educational, Scientific and Cultural Organization (ALESCO) in collecting the best children's stories from around the region, stories that promote such values as cooperation, sharing, tolerance and altruism. They will be used as the basis for television programming for children.

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UNICEF EMERGENCY OPERATIONS

SUMMARY

The present report discusses both UNICEF emergency operations in 1992 and the implications of the reform of United Nations humanitarian assistance on UNICEF. Rather than producing both the annual report on UNICEF emergency operations and a separate one on the outcome of the United Nations restructuring of emergency assistance, they have been combined into one paper.

Following a brief introduction, chapter I focuses on UNICEF and the new emergency environment, including an overview of the changed emergency environment, UNICEF policies and approaches, UNICEF and the restructuring of United Nations humanitarian assistance and its implications for UNICEF emergency management. Chapter II, a review of activities in 1992, discusses the UNICEF response to complex and other emergencies, financing of emergencies and the evaluation of emergency programmes. Chapter III contains several recommendations of the Executive Director that the Executive Board may wish to consider.

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INTRODUCTION

1. The Executive Director said in his report on emergency operations to the 1992 Executive Board (E/ICEF/1992/11) that he would report to the 1993 Board on the restructuring of United Nations emergency coordination and its implications for UNICEF, including staffing, training, the headquarters response mechanism and the Emergency Programme Fund (EPF). At the 1992 session, several other issues were raised, including the linkages between UNICEF emergency activities and its development cooperation programmes, the importance of responding to the psycho-social needs of children traumatized by armed conflicts and the strengthening of national capacities to cope with emergencies. Information on UNICEF emergency evaluation activities was also requested.

2. The present report addresses issues raised by the Executive Board in 1992 and provides a country-by-country summary of the emergency activities supported by UNICEF in 1992. It does not review UNICEF activities in response to natural disasters, including some of the drought-affected countries in Africa, since these activities, fully or partially financed through EPF, are included in the report on the use of global funds (E/ICEF/1993/P/L.30).

I. UNICEF AND THE NEW EMERGENCY ENVIRONMENT

A. Overview

3. The year 1992 was a period of extensive and intensive humanitarian relief activities for the United Nations system, including UNICEF. The year saw the increasing involvement of UNICEF in emergency situations of varying nature, magnitude and complexity, whether natural, man-made or a combination of both. UNICEF was involved in nine complex emergencies as well as many minor ones. Emergency expenditures in 1992 amounted to $149.2 million, an increase of $38.5 million (35 per cent) over 1991 and $100.7 million (208 per cent) over 1990. It should be noted that $79.8 million, or about 40 per cent of the total income from special contributions from donors, including National Committees for UNICEF and non-governmental organizations (NGOs) against emergency appeals amounting to $194.5 million, was received during the last quarter of 1992. With this growing involvement in emergencies, the capacity of UNICEF to cope has been stretched to the limit. This increasing involvement in emergencies also raises important issues of policy.

4. In 1992, UNICEF provided emergency assistance to 54 countries in Africa, Asia, Europe, Latin America and the Middle East. In addition to its involvement in nine major complex emergencies in Afghanistan, Angola, Haiti, Iraq, Liberia, Mozambique, Somalia, the Sudan and the former Yugoslavia, UNICEF provided emergency assistance to well over 40 countries affected by natural disasters and health emergencies. These events have included floods in Ecuador, Lebanon and Pakistan, a volcanic eruption in the Philippines, earthquakes in Egypt, Indonesia and Turkey, cholera outbreaks in Peru and El Salvador, and an outbreak of cerebrospinal meningitis in Cameroon. Persistent drought continues to affect some 13 countries in Africa, putting some 22 million people at risk of starvation and diseases. Other countries such as Bangladesh, Kenya, Djibouti, Ethiopia, Côte d'Ivoire, Guinea, Sierra Leone and Mauritania are affected by a large influx of refugees coming from neighbouring countries in conflict

situations. Another emergency event was the conflict situation in Zaire. In addition, UNICEF provided emergency support for the immediate needs of children and women in many of the successor States to the former Soviet Union and for the needs of returnees and displaced persons in Sri Lanka.

5. In recent years, UNICEF, within the framework of its mandate and long-term development objectives, has been calling for a new ethic that would help to stop the largely needless and preventable deaths of 35,000 children daily in developing countries. The overwhelming majority of these children, who are caught in "silent" emergencies, come primarily from poor families and suffer from malnutrition, preventable diseases and illiteracy. Unfortunately, their deaths are from the invisible emergencies caused by old problems of mass poverty and gross underdevelopment that have existed for so long that they do not capture the attention of the media. Technological and low-cost advances are now available to help overcome some of these problems, but often the countries concerned and the international community are slow to provide full support. Consequently, they do not receive sufficient action or a sufficient share of the world's resources.

6. In contrast, the "loud" emergencies in countries such as Afghanistan, Somalia and the former Yugoslavia appear on the news every day and make headlines that capture the world's attention and draw its sympathy and resources. Such tragedies are also unacceptable. They have brought human suffering and death to innocent victims, but in far fewer numbers each day or year than those caused by malnutrition, disease and poverty. In 1992, the number of deaths of children under five years of age brought about by "loud" emergencies, which horrified and shocked the world, was about 500,000, a small proportion of the 13 million children who die every year. For example, the deaths of 1,000 per day in Somalia captured much more public attention than the 5,000 children who die every day from dehydration caused by diarrhoea, which can be treated easily. In responding to the "loud" emergencies that capture media attention, UNICEF must continue to draw attention to the needs of millions of children caught in the "silent" emergencies.

7. For UNICEF, the balance between emergency support and long-term action is not easy to strike, even though the primary responsibility of UNICEF is the developmental response to the "silent" emergencies, and general resources are used primarily for that purpose. Large-scale emergency aid has at times seriously disrupted the organizations's normal long-term activities in a number of countries. The impact of emergencies on UNICEF resources has been mitigated to the extent that special contributions have been made for specific activities. Since UNICEF has become more and more dependent on special contributions for regular programmes, however, the competition between emergencies and long-term activities can be acute. In 1992, supplementary-funding income for emergencies exceeded supplementary-funding income for long-term programmes for the first time.

8. The primary concern of UNICEF was and continues to be to ensure that the plight and needs of children affected by either "silent" or "loud" emergencies are adequately met. The basis for solidarity is equally strong for the millions of children of poor families and communities throughout the world who are dying silently in large numbers every day from malnutrition and disease without much notice and expression of horror from the world. UNICEF believes that an end should be brought to all unnecessary deaths of children caused by conflicts or

by malnutrition and disease. Governments, with the support of the general public and the media, should act forcefully to save children's lives and respond to the challenges of the 1990s to achieve the goals of ensuring the survival, protection and development of all children by the end of the century.

9. With the end of the cold war, a world with new challenges and new dangers has emerged. The early years of the 1990s have seen a rising spirit of nationalism and sovereignty, together with a surge of civil strife and ethnic and political violence in a number of countries throughout the world. These changes have led to serious, disturbing events and emergencies that have caused human suffering and death, particularly among the most vulnerable population groups. At the same time, a new sense of solidarity with the innocent victims caught in these emergency situations has emerged. The United Nations and the international community are now widely expected to provide assistance in such situations. As a result, there have been unprecedented demands on the United Nations in the past two years to act and to provide humanitarian assistance to people trapped in conflict situations.

10. Nowhere is this challenge more daunting and the responsibility greater than in providing humanitarian assistance in the environment of political violence, civil chaos and lawlessness witnessed in several affected countries. As a result, 1992 saw an unprecedented development: the Security Council, guided by the principles of humanity, authorized the use of force to enforce the right to food and to meet the immediate needs of the victims of these conflicts. The world is entering a new era of humanitarian concern and of renewed commitment to those struggling for survival.

11. Increasing pressures and demands are being placed on UNICEF to provide a positive and rapid response whenever an emergency situation occurs. Within the framework of its mandate, the first response of UNICEF is to ensure that the needs of children and women caught in emergency situations are met immediately, as timely intervention is of paramount importance. Furthermore, the comparative advantages of UNICEF, particularly its presence on the ground in most developing countries, often widely distributed outside the capital city, as well as personnel accustomed to working at the grass-roots level, facilitate the organization's rapid response to emergency relief needs whenever required. When immediate needs have been adequately met, UNICEF concentrates its efforts on the rehabilitation/development phase, as in Cambodia.

12. Notwithstanding its greatly enhanced involvement in emergencies, a number of criticisms were levelled at the United Nations and at UNICEF over the year for what was perceived as delayed action or inaction, notably in Iraq, Somalia and the former Yugoslavia. In fact, UNICEF has been very active in those emergency situations, providing $33 million of supplies and other support involving over 300 staff, working either directly or indirectly through other United Nations agencies or NGOs. Even so, criticism has focused on the absence of UNICEF staff in Somalia (required by United Nations rules on security until overruled, at the insistence of UNICEF, by the Secretary-General); delays in the delivery of relief assistance; inadequate coordination with the United Nations system and with NGOs; and in general the failure to prevent the horrifying scale of death and suffering, especially of children.

13. In some cases, such criticism has been justified and certainly no one, neither within the United Nations as a whole nor UNICEF, can be defensive or

complacent when faced with the death and suffering that have occurred. UNICEF has taken a number of important steps to enhance its delivery capacity, as discussed later in this report. But some of the most difficult factors in these situations must also be noted, including the lack of political will by the parties concerned and their intransigence with regard to access and delivery of relief supplies to affected groups; delayed contributions from donors who had made pledges in response to appeals, often compounded by a tendency to respond primarily to the food components of appeals, when non-food items are equally required; protracted negotiations with the parties concerned, who sometimes appear to be more interested in the political aspects of an emergency situation than its humanitarian dimension; and delays caused by sanctions imposed against certain countries, so that delivery of relief supplies must be authorized by the Sanctions Committee.

14. But the main challenge during the year was the provision of humanitarian assistance in politically complex emergencies in an environment of increasing violence, weak public administrative structure and insecurity. The task for all United Nations agencies and NGOs involved in providing emergency assistance in conflict situations is immense and in some cases perilous, as witnessed by events in Afghanistan, Angola, Haiti, Iraq, Liberia, Mozambique, Somalia, the Sudan and the former Yugoslavia. Insecurity not only continues to hamper seriously international relief efforts, but also puts in great danger the lives of staff members working under constant threat and great stress.

15. In 1992 and early January 1993, four UNICEF international staff members and three locally hired ancillary workers were shot and killed and several were wounded while carrying out their noble mission of helping children and women in need. Five were killed in Somalia and two in southern Sudan; the latter were accompanied by an Inter Aide nurse and a Norwegian journalist who also lost their lives. Other international agencies, particularly the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) and NGOs, also suffered loss of staff. The effectiveness of emergency operations cannot be ensured without a significant level of staff security. The question of staff security is an issue of major concern which needs to be addressed as a priority by the United Nations system.

16. The growing number of large-scale emergencies is posing an increasing threat to the very survival of children, while the passing of the cold war era has facilitated international agreement on providing assistance in politically complex situations. The very complexity of these emergencies, involving an intricate combination of political, ethnic and civil strife and often a military dimension, risks leaving the humanitarian aspect, including the situation of children, further marginalized. With this in mind, UNICEF has been advocating the cause and protection of children in conflict areas, emphasizing adherence to the principles of the Convention on the Rights of the Child and the "children first" ethic, as well as the moral commitments on reaching children in conflict areas undertaken by almost all countries in the Declaration and Plan of Action of the World Summit for Children.

17. With the establishment of the United Nations Department of Humanitarian Affairs (DHA), UNICEF collaborates even more closely with other United Nations partner agencies, especially WFP and UNHCR. High-level advocacy efforts pursued during 1992 by United Nations officials, including the Executive Director, have helped to find negotiated solutions for the delivery of emergency assistance to

children and women. The two visits of the Executive Director to Somalia, the first in September 1992 with the Under-Secretary-General for Humanitarian Affairs, and again in January 1993 to follow-up on the 100-day programme for Somalia, as well as his visit to Iraq as leader of the United Nations delegation, helped to remove some political hurdles that had been hindering humanitarian relief efforts. The Executive Director also made two visits to the former Yugoslavia, where despite only partial success of the "week of tranquillity", there was considerable success in mobilizing all kinds of strategic allies in negotiations with the political leaders of the conflict areas, allowing for the delivery of the great majority of relief supplies for the winter programme. Strong advocacy efforts are now being pursued in collaboration with DHA to highlight the importance of non-food items in United Nations consolidated appeals.

B. UNICEF policies and approaches

18. The report to the 1992 Executive Board on emergency operations (E/ICEF/1992/11) provided an overview of the policies of UNICEF and its approaches to and role in emergencies. However, those policies have evolved over the years according to changing circumstances and the following developments indicate that UNICEF policies will continue to evolve: (a) the growing involvement of UNICEF in increasingly complex emergencies; (b) ongoing efforts towards strengthening the coordination of United Nations humanitarian assistance; (c) the creation of DHA with its operational instruments; (d) the lessons learned in responding to complex emergencies; and (e) some of the issues raised in the recent evaluation of UNICEF. A senior policy advisory group is being convened to review relevant policies and guidelines.

Linkages between emergency activities and development

19. UNICEF recognizes the concept of a continuum from relief to development and emphasizes in its emergency policies the importance of early warning, disaster prevention and preparedness and vulnerability analysis. Its policies specify clearly that emergency interventions should be in line with the overall priorities of UNICEF and also an integral part of a continuous long-term development process. In general, UNICEF does not view an emergency as a separate event, but rather one that is linked to development. UNICEF attempts to ensure that its emergency activities, whether in the areas of health, water supply and sanitation, nutrition or household food security, help not only to relieve immediate suffering, but also to accelerate rehabilitation and development. High-priority interventions to assist children in emergency situations generally include immunization, especially against measles, oral rehydration therapy (ORT) and vitamin A supplementation. These activities also meet the development needs of children and are part of the mid-decade goals in most countries affected by emergencies.

20. In general, UNICEF emergency responses fall within areas covered by and supportive of regular country programmes, thus facilitating the integration of emergency-related interventions into country programmes. This was also endorsed by the recent evaluation of UNICEF, which states that even in designing its emergency response, UNICEF emphasizes the links to development activities. Good cases in point are the emergency programme in Mozambique, where emergency and rehabilitation activities are integral components of the regular country

programme, and the Bangladesh country programme, where assistance during an emergency is provided by an acceleration of ongoing development activities. In Angola, because of the nature of the emergency programme interventions, there is a very close link between the regular programme and those interventions; the emergency aspect is mainly an acceleration of the regular country programme. UNICEF ensures that its emergency activities are targeted to affected poor children and women because it is very much aware that poverty is frequently the root cause of a disaster.

21. UNICEF recognizes that more must be done in the areas of vulnerability analysis and disaster prevention, preparedness and mitigation, as well as community preparedness and strengthening of local coping mechanisms. UNICEF has the necessary tools but they must be refined in order to undertake vulnerability assessment and to develop emergency preparedness activities that will help to ensure the proper linkage between emergency relief activities and long-term development interventions in country programmes. The situation analysis and the country programme provide the framework for vulnerability analysis and prevention, preparedness and mitigation interventions. Necessary steps are being taken to ensure that they focus on these activities.

22. The UNICEF Office of Emergency Programmes will continue to work closely with the early warning mechanism established by DHA to gather information on potential emergencies, enabling it, together with the Government concerned, to focus on the root cause and priority problems of women and children and prepare itself for an adequate response if an emergency occurs.

23. In a number of countries with high-risk situations such as Angola, the Sudan, Sri Lanka and Mozambique, where both "silent" and "loud" emergencies exist in different parts of the same country, UNICEF is involved in both development and relief activities. In such a situation, UNICEF, having developed a legitimacy within the framework of its mandate to work with all parties in a conflict so as to ensure the survival and well-being of children, applies a two-pronged approach. In the area where conditions are normal, UNICEF supports a regular, development-oriented programme, while in the conflict area, the emergency response focuses on activities related to the priority sectors of the regular programme.

24. Such a strategy allows the integration of emergency activities into the regular programme when the emergency has ceased and leads to a smooth transition from relief to development activities. The challenge facing UNICEF field offices in many cases is the management of both programmes, particularly in view of possible political sensitivity. Where possible, the political situation permitting, both programmes are handled by the country office. In exceptional circumstances, the emergency programme is handled by a special organizational structure established in a neighbouring country.

National capacity-building

25. Experiences in handling emergencies in recent years have revealed that the affected countries, lacking early warning, prevention and preparedness systems, response mechanisms and sufficient operational capacity, were ill-prepared to cope with the severity of the emergencies. However, some efforts were made by UNICEF in these areas. In Mozambique, UNICEF assisted the Government in developing a national disaster plan and in post-disaster planning and the

training of personnel. In Ethiopia, an early warning system was established, allowing the Government to gather early information on the drought and to take the measures necessary to mitigate its effects. In the Sudan, emergency strategies and activities are in line with UNICEF concerns about addressing long-term development objectives. These activities contribute to enhancing national and community capacities for coping with emergencies.

26. UNICEF recognizes that it needs to do more in this area and that the capabilities and expertise of Governments, especially in disaster-prone countries, to provide an adequate response to emergencies and mitigate their impact should be strengthened. UNICEF will ensure that there is a balance in its response between service delivery and disaster prevention, preparedness and mitigation. Experience has shown that if these measures had been taken, in many cases the impact of the disaster could have been lessened. Relevant activities, including training of government personnel in emergency operations and management and the empowerment of communities to cope with an emergency, will receive increased attention in regular programmes in disaster-prone countries. Working closely with DHA, other United Nations agencies and NGOs, UNICEF will advocate a joint undertaking to help develop and/or strengthen disaster prevention, preparedness and mitigation systems and enhance the capacity of Governments to respond adequately to disasters when they occur.

Collaboration with United Nations agencies and non-governmental organizations

27. Some very good examples of collaborative interventions have been developed and consolidated during the past year. Worth noting is the cooperative work that exists between UNICEF, UNHCR and WFP, through which a good understanding has been reached as to the respective roles and complementary responsibilities of each agency during emergencies. Clear examples are the programmes in Iraq, the former Yugoslavia, the Sudan and Somalia. UNICEF has also worked closely with the United Nations Development Programme (UNDP), supporting its leading and coordinating role in many emergencies, participating in joint needs assessment, emergency collaboration meetings, the development of programme responses and emergency management training workshops. UNICEF continues to enjoy good working relationships with the World Health Organization (WHO), with each agency responding in a complementary manner to the health sector requirements of emergency programmes, including the restoration of health care services and staff training. WHO also advises UNICEF on technical issues. UNICEF complements the efforts of the Food and Agriculture Organization of the United Nations in several emergency programmes, especially in the drought-affected countries in Africa.

28. Partnerships with NGOs have become increasingly crucial in several emergency situations where Governments are unable to perform their normal tasks. The year 1992 saw a strengthening of the UNICEF cooperative relationship with a number of indigenous and international NGOs which acted as partners in the planning and execution of emergency programmes in Iraq, Somalia, Liberia, the Sudan, Zaire and the former Yugoslavia. Such partnerships are mutually beneficial. UNICEF provides supplies, logistics and financial support to NGOs and, in turn, benefits from their expertise and comparative advantages such as strong constituencies; rapid organizational capability, which allows a quick response; first-hand knowledge of a crisis and information on the situation of the affected people; the determination and readiness of personnel to work in risky areas; and operational flexibility and the capacity to deliver relief aid.

At the global level, the active participation of the International Committee of the Red Cross (ICRC) and other NGOs in the DHA Inter-Agency Standing Committee is also facilitating collaboration with NGOs.

Relations with the media

29. The media can be a valuable ally for resource mobilization and a vital and trusted link in an emergency information network. The power of the media to influence public opinion and donor Governments is enormous. In compelling ways, it can present the concerns of UNICEF and bolster the organization's image. However, as seen in some of the negative newspaper articles published during the year, media reports can damage the organization's credibility and fund-raising potential.

30. Special efforts are being made either directly or through National Committees for UNICEF to keep the media fully informed of developments in emergencies, providing timely and reliable information on UNICEF emergency activities through briefings or press releases. Although there has been close collaboration, a still more constructive partnership with the media should be built. There can be increased efforts by offices in affected countries, through strengthening of their information capacity, to provide the media with necessary information on the emergency itself and on UNICEF relief efforts, involving them also in the emergency programme development process. The secretariat is addressing the issues of obtaining and disseminating information on emergencies and is taking action to strengthen the management of information and enhance relationships with the media by providing systematic, reliable and timely information on the emergencies and by organizing periodic briefings.

C. UNICEF and the restructuring of United Nations humanitarian assistance

31. Following the adoption of General Assembly resolution 46/182 of 19 December 1991, DHA was established in March 1992. Subsequently, other instruments were also established, including the Inter-Agency Standing Committee, the consolidated appeals and the Central Emergency Revolving Fund (CERF).

32. Almost a year has elapsed since the establishment of DHA. In his statement to the Second Committee (Economic and Financial) of the General Assembly on 26 October 1992, the Executive Director stated that "it would be difficult to imagine how we would face the current difficulties without such a coordinating office". UNICEF believes that DHA has a critical role to play, especially by providing leadership and ensuring a rapid and adequate response within the United Nations in dealing with and responding to increasing politically complex emergency situations and in ensuring, through political negotiations with the parties to a conflict, access for humanitarian relief to the people in need. Some adjustments to the originally established mechanisms will enable DHA to fulfil more effectively its coordinating functions. DHA should strengthen its information channels, but should itself not be involved in actual operations. Further clarification of the role of DHA in New York and Geneva would enhance the ability of UNICEF to support it.

33. During 1992, UNICEF enhanced its support to the coordination structure, cooperating closely with DHA in all its areas of responsibility. UNICEF has also taken steps to second three staff members to the DHA office and to fund two posts in order to contribute to its coordinating work.

Leadership and coordination

34. When a disaster strikes, a coordinated approach is necessary if there is to be a rapid, comprehensive and effective response. This requires leadership at both global and country levels for joint needs assessment, preparation of the United Nations emergency programme response and the delineation of the role and responsibility of the United Nations agencies involved within the overall emergency effort. This approach avoids a fragmented response and competition among the various agencies for funds, public recognition and publicity.

35. The Inter-Agency Standing Committee has proven to be an important forum for consultations, constructive discussions on policy matters, collective decision-making on strategies and deciding how to address issues arising from the delivery of humanitarian assistance. At the last Inter-Agency Standing Committee meeting attended by the Executive Director, in October 1992, several important issues were discussed, including streamlining the preparation process for consolidated appeals; the need for greater flexibility in the use of CERF, as well as an increase of the Fund's size; the problem of coordination at the country level; the insecurity situation, which hinders the delivery of humanitarian assistance and threatens the safety of staff; the personnel capacity of DHA; and delineation of responsibilities between the New York and Geneva offices. The Secretary-General brought several of these points to the attention of the General Assembly at its forty-seventh session; resolution 47/168 of 22 December 1992 was adopted to enhance the United Nations response to emergency situations.

36. The role played by DHA in complex emergencies in disentangling political and operational problems is very important. The inter-agency missions and diplomatic negotiations conducted under the leadership of DHA to ensure the provision of humanitarian assistance to people trapped in conflict situations in Iraq, Somalia, the Sudan and Mozambique are good examples of its leadership. In countries where the United Nations has imposed economic sanctions, DHA is playing an important role in obtaining the rapid approval of the Sanctions Committee for the provision of non-food relief supplies.

37. While coordinating arrangements seem to be working well at the global level, some problems remain at the country level, where leadership and coordination are vital and should be exercised with authority and mutual respect. UNICEF believes that the definition of responsibilities among the various agencies concerned, based on the comparative advantages and mandate of each one, is still an issue and is causing delays in developing inter-agency programme of action. DHA should take a strong leadership role in addressing this question.

38. The lessons learned by UNICEF from its involvement in recent years in a growing number of emergencies of different nature, magnitude and complexity have led it to suggest that in large-scale and politically complex emergencies, a full-time coordinator of humanitarian work with international standing, with the necessary experience, expertise, skills, clear-cut responsibility and authority

is required, as well as the necessary resources to fulfil that function. As demonstrated by UNHCR in the former Yugoslavia, the coordinating responsibility can often be assumed by the leading operational agency on behalf of DHA during the period of the major emergency. Similar models can be replicated at subnational levels whenever necessary. Also, politically complex emergencies will increasingly require a greater working relationship with the peace-keeping and peacemaking military forces assigned by the Security Council to some conflict areas. They also require a seasoned and knowledgeable team leader who is sensitive to military operations and procedures.

Consolidated appeals

39. To finance large-scale emergency programmes, UNICEF relies primarily on contributions from Governments and funds raised by National Committees in response to an appeal. Whenever an emergency occurs, UNICEF is faced with the imperative to launch an appeal. Because of its established field structure, UNICEF in the past was quick to formulate such appeals, drawing on its familiarity with the situation of children and women and the requirements for meeting their needs. In view of its comparative advantages in emergencies and its rapid response capacity, UNICEF was very successful in getting a rapid response to its appeals from Governments and the private sector.

40. UNICEF welcomes the inter-agency consolidated appeals coordinated by DHA which, to date, generally have had good results. They have helped (a) to facilitate through the preparation process closer cooperation and a more coordinated response by the United Nations agencies concerned and NGOs involved in emergency operations; (b) to develop a more realistic and focused proposal targeted to those most in need, based on needs assessment; (c) to avoid duplication of assistance and respond to donor requirements for a unified and concerted approach to emergencies; (d) to emphasize the principle of a continuum from relief to development, as the appeal includes emergency and rehabilitation/development activities as an integrated whole; and (e) to address the vital issue of delineation of responsibilities among the various agencies.

41. However, there are still issues that need to be addressed for the consolidated appeals to become a more effective funding instrument:

(a) The appeal preparation and launching process should be accelerated and streamlined. The development of guidelines on programme content, format and reporting would be useful as agencies have different structures and procedures for programme preparation and reporting;

(b) There is a need to strike a better balance in the responses to the joint appeals between the importance of food and non-food interventions, the significance of which are equally essential to meet the needs of the affected populations in an integrated manner. Donors tend to prioritize the former and to delay the response or not make any contributions towards non-food items;

(c) Because there have been delays by donor Governments in responding to the appeals or in concretizing their pledges, a follow-up mechanism will need to be established by DHA to encourage and accelerate donor response and transfers of funds, including joint fund-raising missions to donor countries;

(d) In a complex emergency, conditions change constantly and emergency requirements must be updated to satisfy other priority needs that may arise. A more systematic approach to these updates needs to be developed, either in the form of a consolidated appeal or, where this is not envisaged, on the basis of individual agency updates;

(e) Donors tend to earmark funds for a particular programme or project, leading to the unequal distribution of funds and an unbalanced implementation of the overall emergency programme, which is inconsistent with the integrated and unified approach and response sought by donor Governments and expected by the affected countries;

(f) DHA needs to develop a tighter monitoring system showing the finances received and when they are allocated and spent by the agencies concerned, together with some indicators of the number of beneficiaries reached and with what assistance. Such a monitoring system would greatly help the more objective allocation of resources between implementing agencies.

42. These issues have been brought to the attention of DHA, which is reviewing the consolidated appeals process.

Central Emergency Revolving Fund

43. UNICEF welcomed the establishment of CERF, which can be used to make cash advances to the operational agencies in anticipation of donor contributions in response to appeals. Experience to date has proved the usefulness of CERF for initiating the implementation of some interventions after the launching of a consolidated appeal, but before donor contributions have been received. In addition to using EPF to provide a prompt response to emergencies, in 1992 UNICEF received cash advances of $12 million from CERF to finance emergency interventions in Kenya ($2 million), Somalia ($5 million) and Iraq ($5 million). The Executive Director believes that if CERF is to serve its purpose, UNICEF should repay its advances in a timely manner, even before the required date, thus demonstrating its reliability and credibility. In December 1992, UNICEF repaid CERF $6.4 million, representing the advance received for Somalia and partial reimbursement of the advance for Kenya.

44. Based on the experience in the use of CERF to date, several operational agencies, while acknowledging its usefulness and importance, have sought greater flexibility in its use, especially regarding the reimbursement procedure in cases when no contribution is received towards an appeal. The risk of borrowing from CERF without confirmed pledges is another issue. As in any new initiative, some fine-tuning may be necessary to make CERF a more effective and flexible funding mechanism. UNICEF welcomes the General Assembly's invitation to States to consider increasing the resources of CERF (resolution 47/168 of 22 December 1992), as suggested by the Executive Director to the Inter-Agency Standing Committee.

45. Another issue is that the use of cash advances from CERF by UNICEF is not covered by the existing UNICEF Financial Regulations and Rules. The Executive Director, therefore, proposes that the following guidelines be used in applying regulation 8.3: when a UNICEF emergency programme is part of a United Nations Inter-Agency Consolidated Appeal for Humanitarian Programme, the Executive Director may, if necessary between Board sessions, implement the UNICEF

emergency operations by using a CERF cash advance pending receipt of contributions to be raised under the Inter-Agency Consolidated Appeal for the UNICEF-specific components. This will be reported to the Executive Board at its next session. In the event that such emergency appeals fall short, UNICEF will use general resources funds to repay CERF as per the terms and conditions and time period specified in document ST/SGB/251 dated 22 July 1992 in accordance with its own regulations and rules.

UNICEF Emergency Programme Fund

46. At the 1992 session of the Executive Board, some delegations expressed concern regarding the implication of CERF, managed by DHA, on EPF. To clarify, all small-scale emergencies caused by natural disasters are financed from EPF. EPF funds are also released to finance initial actions in major complex emergencies pending receipt of donor contributions. In 1992, EPF allowed UNICEF to make a rapid response to emergencies in 32 countries. Owing to the increase in the number and severity of emergencies, the proposed 1994-1995 global funds budget (E/ICEF/1993/P/L.3) will include a proposal that EPF be increased from $14 million to $30 million per biennium.

47. The Executive Director believes that both reserve funds are useful and complement each other in responding to emergency requirements. However, there are four elements that need to be considered regarding the utilization of CERF: (a) disbursements are in general for major complex emergencies; (b) an inter-agency consolidated appeal is a prerequisite and its preparation can be time-consuming; (c) CERF makes cash advances on the basis of consolidated appeals only; and (d) funds advanced from CERF need to be reimbursed within 12 months.

48. Several factors justify the need for EPF. Whenever an emergency occurs, a rapid response is required and UNICEF needs funds to act quickly. The UNICEF capacity to react rapidly to meet urgent humanitarian requirements depends to a large extent on the existence of EPF. The Fund is used to provide grants to meet initial emergency needs when no inter-agency appeal is launched. EPF is also used for borrowing funds to initiate actions in major emergencies pending receipt of donor contributions.

49. In addition to providing immediate support to urgent emergency requirements, EPF also helps to build the staff capacity required to handle small or large-scale emergencies and to finance UNICEF participation in inter-agency assessment missions when the costs cannot be supported by the field offices concerned. There are indications that the number, magnitude and complexity of emergencies will continue to grow in the 1990s. Furthermore, given the growing competition for limited resources, donors that are increasingly channelling funds to NGOs for emergencies need to make difficult decisions as to which emergencies they will assist. The Executive Director thus believes that UNICEF will need to maintain its minimum level of capacity and flexibility to act quickly in emergency situations or its credibility could be seriously called into question.

Humanitarian assistance within the context of sanctions

50. At the 1992 session of the Executive Board, the United Nations High Commissioner for Refugees said that sanctions affected emergency response as

they could be detrimental to the provision of humanitarian assistance. The Executive Director endorsed this observation, pointing out that sanctions should not prevent the delivery of humanitarian supplies. A recent study on humanitarian relief in the Middle East ("United Nations Coordination of the International Humanitarian Response to the Gulf Crisis 1990-1992", Larry Minear et al., Thomas J. Watson Institute for International Studies, Occasional Paper No. 13) said the enforcement mechanism established in the form of the Sanctions Committee complicated the responses of the United Nations to humanitarian needs in the region because approval by the Sanctions Committee is required for the supplies and materials provided.

51. Recent experience in handling emergencies in countries affected by sanctions, including Haiti, Iraq and the former Yugoslavia, in addition to studies conducted in some countries, have revealed that sanctions can have harsh consequences on vulnerable population groups. While sanctions are intended to cause hardship, in most cases the groups most affected are often not the ones targeted by the sanctions. The heaviest consequences often fall on those who are least culpable and most vulnerable and cause only minor inconvenience to the wealthy and powerful. For example, in Haiti, one of the poorest countries of the world, the effects of sanctions imposed by the Organization of American States (OAS) have turned the country's already dramatic situation into a tragedy. Overall, the intransigence of leaders of political factions in affected countries about negotiating a solution is exacerbating the negative effects of sanctions.

52. Social justice and moral and ethical principles need to be taken into account in the enforcement of sanctions. The provision of humanitarian assistance within the context of sanctions should be unconditional and not subjected to compliance of certain requirements implied in enforcement of sanctions. Because experience has shown that sanctions may take time to achieve their objectives, basic social services should not be sacrificed in enforcing them.

D. Implications for UNICEF emergency management and support

53. UNICEF has taken steps to strengthen its emergency management capacity both programmatically and operationally in order to provide a coherent, expeditious and effective response to emergencies when they occur. A series of initiatives has been taken in order to enhance UNICEF emergency response capabilities at field offices and headquarters (New York and Geneva) through the upgrading of professional capacity of the Emergency Units. The importance of strengthened Emergency Units at these locations is underscored by the experiences in 1992 with a large number of different types of emergencies which required permanent consultations with DHA and other United Nations agencies, in addition to contacts with donors, the media and NGOs.

Strengthening of emergency management at headquarters

54. As part of the restructuring of the Programme Division, the Executive Director has established an independent Office of Emergency Programmes, and proposes to increase the staffing level of the affected field offices and the New York and Geneva offices. These recommendations have been included in the

1992-1993 revised and 1994-1995 proposed administrative and support budgets (E/ICEF/1993/AB/L.1).

55. This strengthening will enable the Office of Emergency Programmes to play a more important role in overall policy development, disaster prediction and preparedness activities, needs assessment and management of the UNICEF global emergency response, including monitoring and evaluation. It will also result in an enhanced working relationship with DHA and other agencies involved in emergencies. This strengthening will enable the office to participate in the review of country programmes in disaster-prone countries. The office will be able to support the Programme Funding Office in fund-raising efforts for emergencies and the Division of Information in providing timely and adequate information on emergencies to the media and National Committees. By strengthening its professional capacity, UNICEF will endeavour to become "pro-active" and not "reactive" in emergency situations and thus more effective and efficient in its response. It will also be able to help countries to take the necessary preventive measures before the onset of an emergency and to address seriously the basic root of most disasters, poverty.

56. Internal task forces have now been established at headquarters comprising representatives at the senior management level. The senior management task force for complex emergencies meets weekly to address policy and operational issues of complex emergencies, staff security and headquarters' handling of emergencies. It makes specific recommendations on actions to be taken to enhance and accelerate the UNICEF response to emergencies. In addition, there is a focal point in each geographical section of the Programme Division or in the Office of Emergency Programmes at headquarters to monitor the UNICEF response and development of the complex emergencies in Afghanistan, Angola, Iraq, Liberia, Mozambique, the Sudan, Somalia and the former Yugoslavia. This arrangement ensures close coordination between the Office of Emergency Programmes and the different geographical sections, and is also helping to facilitate the integration of emergency programmes into regular country programmes.

57. With the establishment of the DHA Geneva Office and in response to the crises that have erupted in the former Yugoslavia and some successor States to the former Soviet Union, the workload of the Geneva Emergency Unit has increased significantly, requiring that its capacity be strengthened. The unit must play an important role in maintaining an effective liaison and working relationship with DHA Geneva, enhancing coordination with other United Nations agencies, NGOs, intergovernmental organizations and donor Governments to ensure that UNICEF emergency policies, strategies and priorities are reflected in inter-agency emergency programmes. Therefore, the Executive Director recommends the creation of two international Professional posts, one to be seconded to DHA Geneva as previously agreed, and one General Service post. The recommendations are included in the 1992-1993 revised and 1994-1995 proposed administrative and support budgets (E/ICEF/1993/AB/L.1).

58. Aid agencies are being called upon increasingly to provide emergency assistance in often difficult and dangerous situations where their staff are asked to discharge their duties under extreme pressure and at great personal risk. In November 1992, a Security Task Force was set up within UNICEF to review and improve staff security conditions. The Task Force collaborates closely with the United Nations Security Coordinator's Office and DHA. It has

also held extensive discussions with other agencies such as UNHCR, WFP and ICRC before formulating recommendations on staff security. Of the recommendations made by the Task Force in mid-December, some were adopted immediately on a priority basis: (a) the establishment of a Staff Security Management Committee at New York headquarters; (b) the immediate recruitment of a Staff Security Officer; (c) contracting of external security experts for countries affected by complex emergencies; (d) provision of transport, standardized functional communications and protective equipment; (e) a duty roster system using modern technology, such as SITORS radios to facilitate communications; (f) field office budget for emergency training; and (g) completion of a UNICEF security handbook.

Reinforcing field office capacity

59. The capacity of concerned field offices has been strengthened through internal restructuring, redeployment and staff training. There has been recruitment of additional emergency personnel as part of the consolidated emergency appeals. UNICEF has undertaken several initiatives to strengthen the operational capacity of various offices to deal with emergencies. For example, collaborative arrangements have been worked out with NGOs to involve them in the implementation of emergency programmes. UNICEF is also reviewing arrangements to make extensive use of United Nations Volunteers to complement its personnel on the ground.

60. An emergency roster has been established to enable UNICEF to deploy rapidly additional staff to offices whenever required. The roster contains the names of staff members who are prepared to work in emergency situations and can be seconded to a field office in an affected country for a limited period. UNICEF is also establishing stand-by arrangements with external agencies with available experienced emergency personnel and logistics capability to fill staffing gaps and strengthen the logistical aspects of emergency operations such as telecommunications and transport.

61. To address the problem of staff security in Iraq, Somalia, southern Sudan and the former Yugoslavia while United Nations policy guidelines are being revised, UNICEF has contracted a firm to second personnel with emergency experience in high-risk areas to assist in security matters. That personnel is working in a complementary manner with the United Nations security system to ensure the safety of UNICEF personnel.

Staff training

62. Training of staff in emergency management has proven to be an effective tool for enhancing the capability and overall performance of UNICEF in responding to emergencies. The objective is to expand emergency training in order to ensure that at least two UNICEF staff members per country office, especially in Africa, have the necessary skills to handle emergencies.

63. In 1991-1992, two regional workshops on emergency training were organized in Nairobi and Abidjan for staff in anglophone and francophone countries in Africa. Also included were staff from Iraq, Ethiopia, Djibouti and Haiti. A total of 85 staff members participated in these regional workshops. Country-level briefings were proposed as part of the workshop follow-up during 1992. Additionally, a briefing and training package has been developed for staff working in Somalia to include, inter alia, aspects such as coping mechanisms for

dangerous situations. These materials have been shared with other offices, such as those in Iraq and the former Yugoslavia, which have large numbers of new staff.

64. UNICEF has also joined forces with other agencies, either for using their training packages, organizing joint training seminars or participating in other agencies' training courses. In 1992, 10 staff members attended the DHA/UNDP emergency management workshops, including the "training of trainers" component, with two staff members participating. The UNICEF emergency training strategy is being reviewed to ensure that it meets the immediate needs of staff in emergency-prone countries, as well as the longer-term needs of the organization in areas such as disaster preparedness. Current training materials are being reviewed to ensure complementarity with similar packages developed by other agencies. Issues such as security and stress management will be strengthened in the revised materials. Country-level emergency training activities will be stepped up and will also include government personnel.

Rapid delivery of relief supplies

65. Over the years, the Supply Division warehouse at Copenhagen has developed an extensive network of reliable suppliers that provide the priority supplies usually required in an emergency situation. The ready access to emergency relief supplies stored at the warehouse is a significant advantage in responding to emergencies. In addition, the fact that air charter shipments are made to areas in need within a matter of hours demonstrates the UNICEF capacity to respond quickly with emergency supplies and equipment. To ensure immediate response when an emergency occurs, an emergency coordinator is available on a 24-hour basis to initiate the required response. In 1992, Supply Division responded to emergency requests from a large number of countries, purchasing and shipping $75 million worth (21 per cent of the total) for emergency activities. Governments, other United Nations agencies, NGOs and bilateral donors involved in emergencies have made good use of the warehouse.

II. REVIEW OF ACTIVITIES IN 1992

A. Complex emergencies

66. The task of providing humanitarian assistance is daunting in an environment characterized by continuous fighting between warring factions, indifference about human rights and the plight of the people affected by the conflicts, hazardous security conditions, the collapse of civil and State administrations and banking systems and, in some cases, imposed international economic sanctions. Against such a background, UNICEF is endeavouring to provide emergency assistance to the vulnerable populations in Afghanistan, Angola, Haiti, Iraq, Liberia, Mozambique, Somalia, the Sudan and the former Yugoslavia.

67. Africa continues to be a region of high priority because of ongoing conflicts, political instability, deteriorating economic situations, the burden of external debt and resulting structural adjustment measures, rising social demands and the spectre of environmental degradation and vulnerability, which lead to cycles of drought, famine and death. Several countries are affected by civil strife, drought or a combination of both, resulting in massive population displacement, an influx of refugees to neighbouring countries and increased

human suffering. In 1992, 22 African countries, including the Sudan and Djibouti, were caught in different types of emergency situations that are seriously affecting the survival and development of millions of children. The report on emergency interventions in the drought-affected countries has been included in the report on the use of global funds (E/ICEF/1993/P/L.30).

68. While Afghanistan is trying to recover from the devastation of 14 years of war, the disruption caused by the hostilities in Kabul in August and at the end of December 1992 and fighting in other parts of the country have compounded the problems facing thousands of families already seriously affected by years of war. The prevailing situation of insecurity is not only hindering implementation of the emergency programme, but also puts at great risk the UNICEF staff who are already working under great stress.

69. Following an inter-agency assessment mission led by the United Nations Office of Coordination for Afghanistan, a consolidated humanitarian assistance appeal covering the period June-December 1992 was launched on 5 June. At the end of December, UNICEF had received $5.2 million of the $12 million requested to meet the requirements of its emergency interventions. Complementing this amount and other resources, the Executive Board approved by mail poll in November 1992 $2.7 million from general resources to reinforce ongoing activities and ensure the prepositioning of winter relief supplies and other essential health services materials before the onset of winter (E/ICEF/1992/P/L.50). The emergency programme covers the returning refugees and the displaced populations in Kabul, Wajar and Herat as well as cross-border operations from Peshawar, Pakistan.

70. Because of the lack of trained counterparts, UNICEF is assuming additional responsibilities for the implementation of the programme. Working closely with WHO, Médecins sans Frontières (Doctors Without Borders) and ICRC, among others, UNICEF is providing drugs, vaccines, medical supplies and equipment to enable hospitals and health centres in Kabul and other provinces to provide health care services. Fuel is being provided to keep the hospitals, clinics and orphanages in Kabul and other major cities and the central cold chain operating. Supplementary feeding of malnourished children is provided in orphanages, day-care centres and other centres for children in especially difficult circumstances. UNICEF is providing support for the rehabilitation of the water supply system in Kabul and the installation of hand-pumps in schools and other institutions. Assistance is provided to municipalities to improve sanitation services.

71. In Angola, the drought has further exacerbated the effect of 16 years of war, which had led to large-scale displacements of people and a significant number of refugees in neighbouring countries. As part of the United Nations appeal for a Special Relief Programme for Angola launched in December 1991, UNICEF, with contributions received totalling $14.2 million, has been providing humanitarian assistance to children and women in accessible areas of the country. The programme consists of an integrated package of relief assistance and basic services in the priority areas of water supply, health and sanitation, household food security, education and assistance to children in difficult circumstances. The latter intervention focuses on peace education and counselling for traumatized children. Capacity-building for effective disaster management was undertaken in the north-eastern and south-eastern parts of the country. The increase in violence and crime in major cities, particularly in

Luanda, and tensions and fighting caused by disputes over the election results led to the evacuation in November 1992 of United Nations international personnel. Although UNICEF staff had returned to Angola by mid-December 1992, continued heightened tensions and pervasive insecurity have prevented the resumption of full-scale programme activities.

72. With the crisis in Haiti far from being settled, the situation of vulnerable groups deteriorated further in 1992, and it became clear that a humanitarian response, respecting the principles of neutrality and impartiality, should have priority over the political dimension of the conflict. In January 1992, UNICEF released $260,000 from EPF to continue its humanitarian assistance. After a review of the situation with DHA in April, UNICEF sought additional funding from donors in the amount of $5.6 million to continue its interventions in the areas of health (control of diarrhoeal disease (CDD), immunization, acquired immune deficiency syndrome), water supply and sanitation and nutritional support to malnourished children. To date, only $983,000 have been received. DHA has established an inter-agency working group which has prepared a consolidated United Nations humanitarian assistance programme to respond to the emergency needs of the destitute population. Because of the political sensitivity of the situation, the advice of OAS, which imposed the embargo on the country, is being sought before the programme's launch. The political crisis is exacerbating the already difficult situation of the poor. In view of the prevailing political situation and the position of the international community vis-à-vis the de facto Government, UNICEF, within the framework of its mandate, is channelling its assistance through NGOs, as well as elected mayors and community leaders, in order to meet the emergency needs of poor children and women most seriously affected by the embargo.

73. In Iraq, UNICEF continued its interventions in the areas of health, water supply and sanitation, nutrition and education as part of the United Nations inter-agency humanitarian programme as indicated in the Plan of Action launched in December 1991-January 1992, after the signature of a Memorandum of Understanding. UNICEF assistance of more than $18.9 million was delivered in the first six months of 1992 to meet immediate needs of vulnerable children and their mothers throughout Iraq. Following a joint UNHCR/UNICEF/WHO mission to northern Iraq in March 1992, and in view of the closing of UNHCR operations, the UNICEF-supported emergency programme initiated in 1991 was expanded and became fully operational in the three northern governorates of Iraq (Dohuk, Erbil and Suleimaniya), thus reaching all affected Iraqi children throughout the country. The programme approach consists of providing relief assistance leading to rehabilitation and long-term development efforts. It concentrates on the priority areas of health care services (including immunization, CDD and nutrition), primary education, community empowerment intervention and the psycho-social rehabilitation of children affected by war. The programme also includes the provision of fuel for heating and cooking to help the people in northern Iraq mitigate the effects of the harsh winter season. The expansion of UNICEF activities was hampered by political hurdles related to the renewal of the Memorandum of Understanding and it went to scale only after the signature of the Memorandum on 22 October 1992, when the activities of United Nations agencies were reviewed.

74. Within the framework of the new Memorandum of Understanding, which will last until March 1993, a new consolidated United Nations Plan of Action was prepared. Its UNICEF-supported programme components amount to $86 million, or

34 per cent of the total cost of the programme, which is estimated at $256 million. At the end of December 1992, UNICEF had received $16.2 million against the appeal. To ensure the timely delivery of much needed fuel to the people in the north before the onset of the harsh winter, $1 million was released from EPF, and UNICEF received cash advances of $5 million from CERF, pending receipt of contributions. In addition, the Executive Board approved by mail poll $8.2 million in general resources to facilitate the procurement and prepositioning of urgently needed relief supplies and fuel before the winter season (E/ICEF/1992/P/L.50).

75. Several factors continue to hamper the smooth implementation of the programme, including the insecurity of the situation in northern and southern Iraq and at the Turkish border, internal and external politics and the need for approval by the Sanctions Committee for the delivery of non-food items. Owing to of threats and serious security incidents, the delivery of relief supplies through Turkey was temporarily halted in December and resumed in early January with the protection of United Nations guards. None the less, good progress continues to be made in the execution of some activities and, in some cases, achievements reported last year were consolidated. An important component of the programme that has just been initiated is the psycho-social project, which aims to mitigate the adverse psychological effects of war on traumatized children throughout the country. Resources made available by the international community for this purpose were limited, however. During the last quarter of 1992 and immediately after the Executive Director's visit to Iraq, an immunization acceleration campaign, with a focus on measles vaccination, was launched on a national scale to complement and consolidate the achievements of the regular expanded programme on immunization (EPI). Other programmes are being pursued in the areas of water supply and sanitation, education, nutrition and health.

76. UNICEF has strengthened its capacity in Iraq, establishing an office in Erbil to coordinate the programme in the north. During his visit to Iraq, the Executive Director was able to take decisive action on several operational matters such as staffing in order to accelerate implementation. However, UNICEF continues to rely on NGOs for the full-scale implementation of the emergency programme. UNICEF has signed an agreement with CARE Australia for the provision of fuel, the implementation of community-based activities in the three northern governorates and logistic support for other programme activities.

77. The UNICEF emergency programme in Liberia, which dates from 1990, includes interventions in the priority areas of water supply and sanitation, health, nutritional rehabilitation, household food security and basic education. The psycho-social rehabilitation of children affected by the trauma of the war, including child combatants and war orphans, is an important programme component. UNICEF received $7 million against the consolidated United Nations inter-agency appeal issued in 1991 and updated in September 1992. In order to provide an immediate response to meet urgent needs created by the rebel attack on Monrovia in October 1992, UNICEF, as part of an inter-agency emergency appeal for $7.4 million launched by DHA in November 1992, prepared an emergency package for $4 million in the priority areas of water supply and sanitation, health and nutrition and children in especially difficult circumstances (CEDC). The prompt response to the crisis is indicative of the excellent coordination that exists between United Nations agencies and also with NGOs under the leadership of the United Nations special coordinator for emergency relief operations in Liberia.

78. An evaluation of the emergency programme in Liberia was conducted in 1992 using a new methodology developed by the Evaluation Office. Its major findings indicate that access to safe water in Monrovia increased from 3 to 50 per cent during the emergency operation and, as a result, one child in four was spared diarrhoea; school attendance increased dramatically from 0 to 75 per cent in Monrovia and to 50 per cent in Greater Monrovia; and in areas reached by the emergency programme, one diarrhoea case in four was treated with oral rehydration salts (ORS), compared with 1 in 14 in unsupported regions. Prior to the initiation of the evaluation, a three-day planning and training seminar for 30 senior Monrovia government officials was organized by the Evaluation Office, with very good results.

79. The massive movement of Liberians seeking refuge in Côte d'Ivoire, Guinea and Sierra Leone continues to place a serious burden on the host countries. In close collaboration with UNHCR, WFP and NGOs, UNICEF continued during 1992 to address the needs of the refugees with a package of relief and basic services interventions in the areas of health, water supply and sanitation, supplementary feeding, basic educational services and productive activities. With modest exceptions, some progress was reported in the execution of several activities of the emergency programmes. For example, the interventions supported by UNICEF have averted the outbreak of communicable diseases, contained acute malnutrition among young children in the camps and facilitated school attendance.

80. In Mozambique, the prolonged civil conflict that has just ended has left bitter scars on the country's social and economic structure. The current drought, with its adverse effects on domestic food supplies, has led to the displacement of an estimated 4 million people and left 1.6 million refugees in neighbouring countries. The prospects of peace present serious challenges to the Government and the international community with regard to emergency and rehabilitation assistance. At the international meeting on humanitarian aid to Mozambique convened by the Government of Italy in Rome on 15-16 December 1992, participants reaffirmed their support for the peace agreement and made pledges to the emergency programme appeal presented by the Mozambican parties, which covered, inter alia, humanitarian assistance for displaced persons and returnees.

81. The UNICEF emergency programme includes: (a) a rapid response involving the provision of essential drugs, supplementary food, educational materials and water supply for displaced and drought-affected people, focusing on priority provinces, and a rural resettlement project for the restoration of food security and access to essential basic services in districts seriously affected by the war; and (b) rehabilitation of war-affected social services and rural health centres and primary schools in four provinces as well as the strengthening of national capacity for emergency management, in-service training of staff of the Department of Prevention and Combat of Natural Calamities and of provincial and district emergency commissions in the key area of monitoring emergency conditions. As the recently signed peace agreement is facilitating access to previously inaccessible areas of the country, UNICEF is expanding its emergency assistance to meet the immediate needs of vulnerable groups in the affected zones and in displaced persons' camps in the areas of health, water supply and supplementary feeding. In November 1992, the Executive Board approved by mail poll an amount of $2 million from general resources to complement and accelerate ongoing activities in newly accessible areas (E/ICEF/1992/P/L.50). As part of the United Nations drought emergency appeal for Southern Africa, UNICEF has

received $7 million against its programme requirements for Mozambique of $6.2 million. This has helped to provide water supply in five provinces where hand-pumps are being installed. In addition, $1.8 million were received against another joint appeal of which the UNICEF requirements were $19.6 million.

82. The UNICEF-supported country programme, which was formulated as an emergency/development programme, is addressing in an integrated manner relief and rehabilitation interventions targeted for children and women on both sides of the conflict.

83. In Somalia, UNICEF, working in partnership with international and local NGOs, continues to provide emergency assistance to meet the immediate needs of vulnerable groups, despite the crisis and the state of lawlessness, violence and insecurity that have seriously hindered the delivery of humanitarian assistance and threatened the safety of UNICEF staff and other relief personnel. Operations have been expanded beyond Mogadiscio, Kismayo, Berbera and Hargeisa and are now being carried out in nine locations throughout the country. Following the mission to Somalia of the Under-Secretary-General for Humanitarian Affairs, the Executive Director and representatives of other agencies, a 100-day action programme for accelerated humanitarian assistance for Somalia was prepared and presented to donors in October 1992. The UNICEF-assisted programme requirements of the appeal amounted to $61.8 million; as of the end of December, $37.3 million had been received. Furthermore, UNICEF received cash advances of $5 million from CERF and in November, the Executive Board approved by mail poll an amount of $6 million from general resources towards the continuation of urgent emergency activities (E/ICEF/1992/P/L.50). The aim of the UNICEF-supported programme in 1992 essentially was to provide emergency relief and survival assistance to help stabilize populations and assist displaced persons to return home and to establish basic social services. In order to carry out these objectives, UNICEF implemented four mutually reinforcing interventions in the areas of emergency health services, supplementary feeding activities, water supply and sanitation and household food security. The enormous difficulties of operating in war-torn Somalia required the organization to increase significantly supply, logistics, communication, transport and security activities because of the absence of a government infrastructure.

84. In spite of the insecurity of the situation which, combined with extortion and personal threats, has seriously disrupted the provision of emergency assistance, essential drugs, vaccines, medical equipment and supplies provided by UNICEF have helped to restore health care services in 16 hospitals, 62 health centres and 156 community health posts operated by NGOs in Mogadiscio and other locations. Immunization activities also are being carried out with the support of the Unified Task Force in the areas of logistics and social communications. In addition, children received vitamin A supplements during the vaccination campaign. In some secure areas, up to 60 per cent of children under seven years of age had been immunized against measles; over 60,000 were vaccinated in December 1992. At the end of December, over 200,000 malnourished children were receiving high-protein food through 136 supplementary feeding centres operated by NGOs and UNICEF in several locations. UNICEF, in collaboration with UNDP, has helped to rehabilitate the Mogadiscio water supply system and 14 other small-scale urban systems, and 55 wells were installed in central and southern Somalia, serving 400,000 people. In addition, UNICEF continues to ensure the chlorination of over 400 wells in four urban centres. UNICEF also supported the installation of 131 pit latrines in camps, health centres and health posts.

These interventions were supported by health education and waste disposal activities. Through a UNICEF/Oxford Famine Relief Campaign programme, 18,000 families in lower Juba and Shebela received supplies for resettlement.

85. UNICEF has the longest and largest presence in Somalia. Since returning to Mogadiscio in December 1991 after receiving special permission from the Secretary-General, UNICEF has increased substantially its response capacity in that country. With the expansion of its operations, UNICEF is strengthening its operational team. As of December 1992, UNICEF had 142 staff members, including 76 international staff, operating in nine locations. UNICEF also employs over 1,500 Somalis in the implementation of its programmes. UNICEF has entered into an agreement with Swedrelief (a preparedness unit under the authority of the Swedish Ministry of Defence) to provide staff. At the request of the Executive Director, the Government of Indonesia has provided 12 doctors to assist in the measles vaccination programme. Similar medical specialists from Nigeria and Jordan are also expected.

86. The insecurity and chaos that have resulted in the country's total collapse, and left millions of Somalis on the brink of starvation and death, have clearly demonstrated that in such situations of armed conflicts, it is extremely difficult for the United Nations system and other relief agencies to deliver humanitarian assistance effectively without protective forces. The unprecedented decision by the Security Council to send a peacemaking force is helping to establish the safe and secure environment for an accelerated delivery of relief supplies to those in need. UNICEF is conducting an internal financial and management audit of the emergency programme as well as an internal review of lessons learned to help orient actions in future complex emergencies.

87. The Sudan continues to be affected by a combination of disasters, with drought and civil conflict causing large-scale displacements of people and an increase of refugees in neighbouring countries. With the escalation of the fighting in 1992, access to the people in need became a serious problem. Factional fighting led to the deterioration of the security situation, resulting in the killing of two UNICEF staff members. The situation reached dramatic proportions as relief flights came to a halt in July and August 1992. Following a visit by the Under-Secretary-General for Humanitarian Affairs and a subsequent visit by the Deputy Director of DHA, an agreement was reached on river and road corridors and 21 destinations for airlift operations. Proximity talks sponsored by the United Nations were held in Nairobi between the Government of Sudan and the three factions of the Sudanese People's Liberation Movement and Army, while field assessments in both Operation Lifeline Sudan (OLS) northern and southern sectors were undertaken including in newly opened areas. New ground rules were developed, and following a comprehensive review of the security situation, staff were redeployed in the southern sector. At the beginning of December, the Government committed itself to meet all cereal requirements for operations in 1993; the total of the pledge was estimated at 153,000 tons, valued at $18 million. As part of the inter-agency consolidated appeal for the Special Emergency Programme for the Horn of Africa (SEPHA) launched in July 1992, UNICEF received $14.3 million for its emergency assistance programme. To complement this contribution, in November 1992, the Executive Board approved by mail poll an amount of $5 million from general resources (E/ICEF/1992/P/L.50).

88. The emergency programme continued to support interventions in the areas of health, water supply and sanitation, nutrition and education. The provision of

essential drugs, vaccines, ORS, medical equipment and supplies has helped to maintain the delivery of health care services and accelerate immunization activities which also target women of child-bearing age. In the accessible areas and in displaced persons' camps, clean drinking water was provided through the installation of hand-pumps, the construction of water tanks and water trucking, while sanitation services were improved with the installation of pit latrines. Nutrition intervention continued with the production and distribution of high-protein food to feeding centres in the north, as well as growth monitoring and surveillance activities. Capacity-building was also supported through ORT training for health personnel, volunteers, mothers and community representatives. In addition, the latter received training for the dissemination of hygiene and health messages. The educational needs of children were addressed through the rehabilitation of schools and the provision of educational materials. In the south, UNICEF, in collaboration with UNHCR, WFP, ICRC and NGOs, is providing assistance to approximately 20,000 unaccompanied minors through the provision of relief supplies and educational materials, while efforts are being made to reunite them with their families. Inter-agency cooperation and collaboration with NGOs within the framework of OLS are key elements.

89. In the former Yugoslavia, the past year saw an increase of the hostilities which have forced more than 3 million people to seek refuge in other countries or to settle in safer areas. With the onset of the harsh winter, UNICEF felt that a special effort was required to help alleviate the suffering of more than 1 million children in the conflict-affected areas. As a result of the Executive Director's visits and negotiations with political leaders, relief supplies - including blankets, children's winter clothing, supplementary food and medical supplies - were transported by truck along agreed humanitarian corridors and distributed to approximately 450,000 children, even in the remotest areas, during the first month of the winter programme in November 1992. The Executive Director led one of the humanitarian convoys to Sarajevo. This initiative was supported by Pope John-Paul II, UNHCR, ICRC, the United Nations Protection Force (UNPROFOR), the media and other relief organizations.

90. Other interventions receiving support included the provision of essential basic food and medicines to children and their families affected by the siege of Dubrovnik; immunization campaigns in Bosnia and Herzegovina, the former Yugoslav republic of Macedonia, Montenegro and Serbia; the restoration of health care services, water supply systems, sanitation services and basic educational services; and peace education initiatives and a "mine awareness" campaign to sensitize children about the risks of mines and explosives. In close collaboration with WHO, a psycho-social rehabilitation project is being carried out for children traumatized by war. Working with UNPROFOR, UNICEF supported the restoration of electrical power to Sarajevo, decreasing the number of people living without electricity from 50 to 30 per cent of the city's population. At the request of the Government of Bosnia and Bosnian Serb health authorities, the UNICEF Special Representative convened a meeting on 29 December 1992 at the Sarajevo airport. The meeting, which was chaired by the Special Representative, discussed proposals for exchanging information between the two sides on the health situation in the besieged cities and possible cooperation in arranging safe passage of immunization personnel. Both sides expressed hope that the meeting would lead to further detailed discussions of mutual health concerns.

91. The UNICEF programme of intervention, which is aimed at providing emergency relief assistance to displaced children and women and to help prevent infant, child and maternal illness and death, is being implemented in close cooperation with UNHCR and other United Nations agencies, ICRC and the local Red Cross, international and local NGOs and European Community monitors, using existing structures wherever possible. Cooperation with UNPROFOR has been crucial to the success of programme delivery.

92. Given the magnitude and complexity of the emergency situation, UNICEF has strengthened its capacity through the appointment of the Special Representative and by reinforcing its Emergency Unit in Geneva and its presence in Belgrade, Zagreb, Sarajevo and Split to support and monitor implementation of the emergency programme. A joint UNHCR/UNICEF/WHO appeal was launched in May 1992. With funds received amounting to $7.9 million, UNICEF provided high-protein foods for infants and young children, drugs and medical supplies, vaccines, clothing and baby parcels. Subsequent to the international meeting on humanitarian aid to the former Yugoslavia held in July 1992 in Geneva and to arrangements made by the DHA Inter-Agency Standing Committee, an inter-agency mission led by UNHCR and including UNICEF visited the affected republics to assess the emergency needs of their populations. Based on this assessment, a consolidated inter-agency emergency programme covering the period September 1992-April 1993 was prepared and launched in September 1992. The UNICEF requirements of the overall programme amount to $42.5 million to implement activities in the areas of health, nutrition, basic education, psycho-social support and care for traumatized children and other relief supplies. An amount of $13.5 million was received by the end of December 1992. To ensure that relief supplies were in place before the winter, the Executive Board approved by mail poll $5.1 million to cover the provision of children's clothing, blankets, weaning food and essential basic services (E/ICEF/1992/P/L.50).

B. Other countries

93. Despite the cessation of hostilities in Ethiopia, the effects of drought in many parts of the country, combined with localized conflicts in some areas and the spill-over of conflicts in neighbouring countries, continued to create emergency demands in 1992. In addition to about 300,000 Somali refugees in the eastern part of the country, many of the returnees to the northern region of Somalia still depend on food and non-food assistance available in refugee camps in Ethiopia. UNICEF, in collaboration with WHO, provided support for the reactivation of health care services and reference hospitals. In selected drought-stricken areas, the Ministry of Health, with support from UNICEF and WHO, is providing supplementary food through health units targeting severely malnourished children. This also involves health screening, growth monitoring and nutrition education for mothers. UNICEF is also assisting with the provision of safe drinking water and sanitation services in drought- and war-affected regions; these activities include the rehabilitation of damaged water systems and the installation of new systems. Against SEPHA appeals, UNICEF received $10.7 million out of total programme requirements of $35 million. To meet the needs of refugees returning to the Ethiopian province of Eritrea from the Sudan and elsewhere during the post-war recovery process, UNICEF, with contributions received as part of the SEPHA appeal, is providing emergency assistance in several priority areas. This consists of the implementation of a

supplementary feeding programme for 22,000 children under five years of age and 3,000 lactating women in 10 provinces, the rehabilitation of school facilities, the provision of basic educational materials and strengthening the delivery of health care services, in collaboration with WHO.

94. Since late 1991, Djibouti has been plunged into turmoil because of political unrest, drought and an influx of refugees from Somalia and Ethiopia. Overstretched services can no longer cope with the increasing number of refugees and displaced persons. With $189,000 received as part of the SEPHA appeal, UNICEF continued to provide support to reinforce the delivery of health care services and accelerate EPI and ORT activities in both Djibouti City and in refugee camps. Nutrition rehabilitation activities for malnourished children are being carried out, including the training of auxiliary nutrition workers. Should additional funds become available, UNICEF will provide assistance for water supply and sanitation in refugee areas and overcrowded urban slums.

95. In the last two years, Kenya has been faced with an emergency situation caused by drought and exacerbated by conflict in neighbouring countries and internal ethnic unrest. As a result, there has been population displacement and an influx of refugees from Somalia, Ethiopia and the Sudan. UNICEF, in collaboration with UNHCR, has been helping to provide water supply and sanitation services in the refugee camps. The plight of the people in the 20 districts affected by drought continues unabated, but because of funding shortfalls, UNICEF support has been concentrated in the seven most severely affected districts of Wajir, Mandera, Garissa, Isiolo, Marsabit, Samburu and Turkana. This will expand gradually to other districts as additional funds are received. The emergency programme consists of a package of basic services in the areas of health, nutrition, water supply and livestock health. With $150,000 from EPF, UNICEF initially provided supplementary food to some 30,000 children as well as 15,000 lactating mothers. With a further EPF allocation of $350,000 and an advance of $2 million from CERF, UNICEF was able to continue its support to those most seriously affected by the drought. To date, UNICEF has received $17.1 million against the SEPHA appeal for activities in Kenya.

96. As a result of the events in September 1991 in Zaire, the country lost most of its stocks of medicines and food and other basic services. Several health facilities stopped functioning and various social development programmes were halted. In addition, most United Nations international staff were withdrawn and most bilateral cooperation was suspended. UNICEF staff returned in January 1992, and there was a mission to assess the situation. The regular country programme was restructured to respond to immediate priority needs in the areas of health, nutrition, water supply and sanitation, basic education and CEDC. In April 1992, the United States Agency for International Development provided $3 million for essential drugs and emergency health kits for health centres and hospitals in 183 health zones. All these supplies were received and delivered to the health zones, thus maintaining the delivery of health care services. With the virtual collapse of public administration, UNICEF is assuming additional responsibilities in the implementation of the emergency programme. In the process, a close working relationship has been established with NGOs, religious institutions and local communities, which are playing an important role in the execution of the emergency health activities and other UNICEF-supported interventions. In this regard, UNICEF has entered into a formal partnership agreement with Eglise du Christ in Zaire.

C. Financing of emergencies

97. To respond to the growing number of emergency situations in 1992, UNICEF relied mainly on two funding mechanisms: EPF and special contributions from donors in response to inter-agency consolidated appeals for major emergencies. In some cases, and in agreement with the Governments concerned, UNICEF diverted funds from regular country programmes to meet immediate relief needs; in other cases, country programmes were restructured to meet emergency and rehabilitation priorities. In 1992, the Executive Board approved by mail poll special allocations for major emergencies in Afghanistan, Iraq, Mozambique, Somalia, the Sudan and the former Yugoslavia in order to accelerate ongoing activities (E/ICEF/1992/P/L.50). UNICEF has also made use of CERF pending receipt of donor contributions.

98. Special contributions have acquired substantial importance, particularly for major emergencies, as they enable UNICEF to respond positively and effectively to the emergency needs of children and women in affected countries. Vigorous fund-raising efforts pursued by UNICEF and aided by National Committees for UNICEF have contributed greatly to the rapid growth of resources allocated to emergencies. In 1992, UNICEF raised $194.5 million for emergencies as specific-purpose contributions, compared to $134.7 million in 1991, for an increase of 44 per cent.

99. In 1992, UNICEF allocated $242.3 million to emergencies caused by natural and man-made disasters, representing an increase of $91.3 million over 1991. As shown in the table below, $7.2 million was released from EPF; $29 million was approved by the Executive Board through mail poll; and $11.6 million through reprogramming of regular country programmes. The largest allocation, $194.5 million - 80 per cent of total emergency resources - came from special contributions. The Africa region, with most of the countries affected by civil strife and drought, was again the largest recipient of emergency resources receiving $129.8 million, or 54 per cent of emergency funds allocated for 1992.

100. National Committees for UNICEF continue to play a pivotal role in raising awareness among the general public and the media about emergency situations, their severity and magnitude and the immediate interventions of UNICEF. Greeting Card and related operations prepared a fund-raising documentation package for use by National Committees in their fund-raising efforts on behalf of children who are victims of war, which focused particularly on children in Somalia and the former Yugoslavia. National Committees have helped to influence decisions of their respective Governments to respond positively to United Nations consolidated emergency appeals and to mobilize resources from the private sector and the public. In 1992, National Committees contributed approximately $35 million raised through private fund-raising in response to the emergency appeals. For example, the Italian National Committee raised $3.3 million towards the costs of emergency operations in the former Yugoslavia.

Funding allocated for emergencies in 1992 by region
as of 21 December 1992

(In thousands of United States dollars)

Region	Emergency Programme Fund a/	Diversion/ reprog-ramming	Funds approved by mail poll b/	Special contri-butions c/	Total
Africa	1 765	6 513	8 000	113 588	129 866
Americas and the Caribbean	460	212	-	1 374	2 046
Asia	300	4 380	2 700	6 562	13 942
Middle East and North Africa	1 129	472	13 200	50 964	65 765
Central and Eastern Europe	2 908	-	5 100	22 038	30 046
Interregional d/	672	-	-	-	672
Total	7 234	11 577	29 000	194 526	242 337

a/ Beginning in 1992, the allocation for the Emergency Programme Fund was made on a biennial basis, with $14 million allocated for 1992-1993. Of the original allocations from the Fund totalling $14 million in 1992, $6.7 million were eventually replenished with special contributions with donor agreement or from the return of unspent balances of earlier releases (see annex I).

b/ The Executive Board approved $29 million in general resources for emergencies by mail poll for Afghanistan ($2.7 million), Iraq ($8.2 million), Mozambique ($2 million), Somalia ($6 million), the Sudan ($5 million) and the former Yugoslavia ($5.1 million) (E/ICEF/1992/P/L.50).

c/ Includes contribution received towards ongoing appeals and special contributions for emergency relief and rehabilitation.

d/ Includes project support costs to strengthen the management response capacity of headquarters and field offices.

D. Evaluation of emergency programmes

101. In 1991, the Evaluation Office undertook an assessment of the UNICEF emergency response in recent years with a view to enhancing the organization's ability to manage emergency assistance. Some major issues were identified and suggestions and recommendations were made on steps to be taken to enhance UNICEF performance. The evaluation led to the formation of a senior-level task force which, in turn, made a number of recommendations for strengthening UNICEF capacity which have been acted upon. The recent evaluation of UNICEF drew upon

the 1991 internal assessment report. After reviewing relevant UNICEF documentation, the evaluation team visited Bangladesh and Mozambique.

102. One of the observations of the 1991 internal evaluation was that there had been few evaluations of emergency programmes, although this area accounted for approximately one fifth of UNICEF programme resources in 1991. It was also found that there is no widely accepted methodology for evaluating emergency programmes. The Evaluation Office has been developing a methodology that is being tested in the Liberia emergency operation and will be used to orient future evaluations and assessments of emergency programmes.

103. Several issues have already been identified in the evaluation of the Liberia programme and some recommendations made. The evaluation states that: (a) evaluation must be a systematic input to the emergency programme; (b) specific contingency planning is needed to provide the basis for an emergency diagnosis (emergency preparedness); (c) the appeal preparation process should be accelerated; and (d) emergency staff should include an experienced emergency programme manager and operations officer. An important by-product of this evaluation is that in Liberia, measurement capacity has been strengthened in the areas of health, water supply and education.

104. Also during 1992, the World Bank and UNICEF helped the Government of Zimbabwe to build capacity to assess the impact of the drought on the country's socio-economic structure. In 1993, the Evaluation Office also plans to support the evaluation of the emergency programme in Mozambique as well as in other affected countries. UNICEF emergency evaluation efforts will be intensified so as to improve the emergency programme's performance.

105. Several key lessons have been learned regarding the involvement of UNICEF in complex emergencies:

(a) Experience has shown the desirability of having security forces present in situations of real risk. Such forces can play a major role not only in protecting relief personnel and ensuring the delivery of humanitarian supplies, but also in providing support in the areas of logistics, transport and communications and in accelerating the delivery of relief supplies. Examples of such collaboration have occurred in Iraq, the former Yugoslavia and most recently in Somalia;

(b) The question of funding large, complex emergencies is fundamental and needs to be examined. Donors sometimes earmark funds for a particular project of a UNICEF emergency programme instead of the entire programme. This practice is weakening the ability of UNICEF to assure balanced implementation based on needs and priorities. Furthermore, donors tend to respond more quickly in financing emergency food items as opposed to non-food interventions. The latter are for the most part the responsibility of UNICEF, and the lack of funding makes it difficult to respond quickly and effectively to emergency needs. This lack of funding or delays in financing seriously limit the ability of UNICEF to provide a coherent response to emergency situations and this sometimes leads to criticism about the organization's failure to respond or about "faulty performance";

(c) The media plays a vital role in raising public awareness of emergencies, the horrors of armed conflict and the suffering of affected people.

The media is also important in mobilizing Governments and the general public to provide support. A failure to provide timely and factual information on emergency developments and on problems hindering the execution of emergency programmes and the UNICEF response can result in a misleading or distorted image;

(d) There is a need to strike a balance between the political dimension and humanitarian assistance as there has been a tendency to subordinate the humanitarian aspect to the political ones.

106. In the implementation of emergency programmes, particularly for major and complex emergencies, a number of problems have emerged that hamper their smooth implementation. Some have been discussed above, such as staff safety and insecurity in the delivery of humanitarian relief. Other problems are: (a) most of the countries affected by major emergencies have no disaster preparedness plan and lack the expertise and experienced personnel required to handle emergencies; (b) the collapse of the public administration and the banking system, resulting in cash shortages in affected countries; (c) increasingly difficult communications; (d) detention of national and international staff; (e) insensitivity and/or disregard of established humanitarian principles by parties to the conflicts; and (f) the question of both the quality and quantity of staffing to handle complex emergency programmes.

III. RECOMMENDATIONS

107. The growing involvement of UNICEF in emergencies, particularly complex ones, highlights a number of issues that need to be addressed in order for the organization to be able to provide a more rapid, comprehensive and effective response to disasters when they strike, linking its intervention to the development activities of regular country programmes. To that end, UNICEF in 1993 intends to review further its policies and redefine its intervention strategies and operational procedures wherever required so as to be able to respond more effectively to the challenges ahead. This is especially important because the United Nations system, as indicated by the Secretary-General, may become increasingly involved in a wider range of emergencies in the future. There exists wide recognition that as long as poverty and social inequalities persist in the world, the potential for disaster is enormous. Therefore, the Executive Director is making the following recommendations to enhance the ability of UNICEF to respond to emergencies, focusing on priority interventions and addressing the underlying causes of emergencies.

108. With regard to the balance that must be struck between emergency support and long-term action, the Executive Board might wish to consider the following principles:

(a) As a matter of principle and policy, UNICEF must continue to respond to the needs of children in both "silent" and "loud" emergency situations. In both cases, the response of UNICEF should encompass practical support and advocacy, assistance with policy and programme formulation, when needed, and assistance with social mobilization to encourage more action by communities and individuals themselves. In responding to the "loud" emergencies that capture

media attention, UNICEF must continue to draw attention to the needs of the millions of children caught in the "silent" emergencies;

(b) For both emergency support and long-term action, UNICEF should provide its support in ways that emphasize empowerment, capacity-building and prevention - to diminish the likelihood of continuing problems - and that strengthen the capacity of families, communities and countries to deal with them;

(c) Recognizing that resources for UNICEF will always be far less than required to provide all the external support that potentially could be used, UNICEF must apply some practical guidelines in allocating its resources, whether in terms of finances or staff and management time. For normal country programmes, there are criteria approved by the Executive Board for the allocation of country programme resources and in the priorities established in the medium-term plan. Many of these programme priorities also apply to support for children in countries affected by emergencies;

(d) The emergency financial support provided by UNICEF to any given country should be financed primarily from supplementary funds. Funding from EPF should continue to be used to provide a rapid response with modest levels of general resources, not to replace supplementary funding for major complex emergencies;

(e) Accordingly, total emergency allocations will be governed primarily by the willingness of donors to contribute supplementary funds to emergency programmes. Providing that contributions to general resources are maintained, UNICEF support for long-term action in other countries would not be reduced.

109. UNICEF needs to prepare itself more thoroughly for potential emergencies and to ensure that there is a continuum from relief to development. UNICEF will need to move beyond supply assistance in some emergency situations and especially to explore more ways of involving communities in relief organization and actions and of using entitlement approaches. Vulnerability analysis and pre-planned disaster prevention activities and community entitlement should receive increased attention. Regular programmes in countries affected by chronic emergencies, whether drought, recurring epidemics or environmental degradation, should increasingly address the underlying causes of these disasters.

110. UNICEF should ensure that all its emergency programmes, particularly during major emergencies, are evaluated and that lessons learned are documented for use in future emergency interventions. Evaluation and assessment should be included as an integral component of emergency programmes.

111. UNICEF should continue to provide strong support to DHA and to collaborate with its partners, NGOs and bilateral agencies. In times of difficult circumstances and hardship, when affected countries need increased support to relieve suffering, complementary input and effective coordination of humanitarian assistance are central principles. Enhanced efforts are required on the part of all agencies to make it more effective. To that end, DHA has a very important role to play so that the capacity and comparative advantages of the agencies involved can be utilized fully and in the most rational manner.

112. Experience in handling emergencies has revealed the importance of a rapid response. Current operational procedures and rules have been designed primarily for implementation of regular country programmes. Building upon its comparative advantages and to accelerate execution of emergency programmes, UNICEF should examine further its procedures, rules and guidelines and make them still more responsive to emergency operations, while also maintaining operational discipline and accountability.

113. Increasingly, UNICEF is having to operate in situations of open conflict. There is concern that the overall United Nations approach is insufficient and not equipped to deal with this reality. The question of security and protection of UNICEF staff working in dangerous emergency situations remains a serious concern. There is a need to define appropriate mechanisms and to take active steps to achieve greater security of United Nations staff working in humanitarian relief operations. While working within the framework of the United Nations system's approach to staff security, UNICEF should explore additional measures to protect its staff through the development of a clear and comprehensive policy on staff security, the orientation and training of staff on security issues and the establishment of adequate communications systems within the organization.

114. The number of complex emergencies susceptible to an international response has never been so great, which has led to unprecedented demands being made on the United Nations system to provide assistance in a growing number of conflict and hazardous situations where United Nations agencies did not previously operate on a major scale. Given the implications of dangerous environment on the effectiveness of humanitarian assistance and the safety of relief personnel, peace-keeping, peacemaking and humanitarian assistance are closely interrelated in complex emergencies. Continued and close collaboration between DHA, the Department for Political Affairs and the Office of Peace-Keeping Operations will help to accelerate delivery of humanitarian assistance in politically complex emergencies.

Annex I

RELEASES AUTHORIZED FROM THE EMERGENCY PROGRAMME FUND IN 1992
(In United States dollars)

Region/country	Nature of emergency/action taken	
AFRICA		
Cameroon	Meningitis outbreak: provision of antimeningococcal vaccines, syringes and needles	71,500
Kenya	Drought: provision of supplementary foods, life-saving drugs, shelter materials and support for logistics and operations	500,000
Madagascar	Drought: provision of supplementary foods, micronutrient tablets, water, shelter materials and blankets, interventions in the basic health care delivery system	170,000
Malawi	Drought: interventions in health, water supply and sanitation, child feeding, programme support and collaboration with NGOs	53,689 a/
Mauritania	Malian refugees: provision of vaccines, ORS, vitamin A supplies and support for logistics and operation of health facilities	20,000
Mozambique	Start-up operation for "relief corridors": provision of essential drugs, relief supplies, supplementary foods, seeds and agricultural tools and support for logistics and operations	500,000
Namibia	Drought: provision of supplementary foods, ORS, vitamin A supplies, support for community organization, monitoring, logistics and operations	150,000
Somalia	Special Emergency Programme for the Horn of Africa : provision of shelter and relief materials, supplementary foods, emergency health kits and supplementary drugs for hospitals and MCH centres	a/
Zambia	Drought: interventions in nutritional rehabilitation, emergency health care, support for logistics and operations	150,000
Zimbabwe	Drought: logistic and operational support for food distribution, hand-pump installation, rehabilitation of strategic boreholes and programme support	150,000
	Subtotal	1,765,189
AMERICAS AND THE CARIBBEAN		
Ecuador	Flood: provision of ORS and antibiotics, water tanks and health and hygiene education	200,000
Haiti	Special humanitarian assistance: provision of essential drugs, supplementary foods, potable water	260,000
	Subtotal	460,000

Annex I (continued)

Region/country	Nature of emergency/action taken	
ASIA		
Bangladesh	Rohingya refugees: provision of essential drugs, vaccines, ORS, construction of latrines and tube-wells, social mobilization and programme support	a/
Sri Lanka	Armed conflict: technical support for surveillance of health and nutritional status, emergency capacity-building and programme support	300,000
	Subtotal	300,000
MIDDLE EAST AND NORTH AFRICA		
Iraq	Inter-agency Humanitarian Programme (July 1992-March 1993): provision of fuel and logistic support for northern Iraq	1,000,000
Lebanon	Snow storm: provision of essential drugs, drinking water tanks and chlorine powder	129,000
	Subtotal	1,129,000
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION		
Albania	Socio-economic crisis/winter relief: interventions in EPI, ARI, CDD, education and programme support	500,000
Armenia	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	72,907
Azerbaijan	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	85,561
Belarus	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	24,413
Estonia	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	36,317
Kazakhstan	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits, health training and monitoring, logistic support	444,945
Kyrgyzstan	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits, health training and logistic support	272,528
Latvia	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	45,797
Lithuania	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	66,830

Annex I (continued)

Region/country	Nature of emergency/action taken	
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION		
Moldova	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	20,405
Russian Federation	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	201,028 a/
Tajikistan	Conflict situation/socio-economic crisis: provision of vaccine and cold-chain equipment, essential drugs, emergency health kits, supplementary foods and programme support	606,855
Turkmenistan	Socio-economic crisis: provision of vaccines, syringes, needles, essential drugs and logistic support	98,419
Ukraine	Socio-economic crisis: provision of vaccines, syringes, needles, emergency health kits and logistic support	55,203
Uzbekistan	Socio-economic crisis: provision of vaccines, syringes, needles, essential drugs and logistic support	376,703 a/
Former Yugoslavia	Armed conflict: provision of children's clothing, blankets, vaccines, emergency health kits, supplementary foods and support for logistics and operations	a/
	Subtotal	2,907,911
INTERREGIONAL	Programme support	672,000
	Total	7,234,100 a/

a/ Against the original allocation of $13, 970, 000 from EPF, replenishment totaling $6, 735, 900 was made by the return of unspent balances amounting to $376, 489 as well as from special contributions as agreed to by the following donors: (a) the Governments of Australia ($45, 823) for Bangladesh; Canada ($173, 641) for the former Yugoslavia; Denmark ($745, 481) for Somalia; Netherlands ($937, 943) for the former Yugoslavia; United States ($1, 994, 189) for the former Yugoslavia; and (b) the National Committees of Finland ($96, 311) for Malawi; Germany ($461, 572) for Bangladesh and the former Yugoslavia; Italy ($1, 526, 718) for the former Yugoslavia; Japan ($88, 252) for Bangladesh and Somalia; Luxembourg ($15, 823) for the former Yugoslavia; Netherlands ($51, 081) for Bangladesh; Portugal ($125, 000) for the former Yugoslavia; San Marino ($19, 084) for the former Yugoslavia; and United Kingdom ($78, 493) for the former Yugoslavia.

Annex II

GENERAL RESOURCES/DIVERSIONS/REPROGRAMMING OF COUNTRY PROGRAMME FUNDS, ALLOCATION OF FUNDS APPROVED BY MAIL POLL AND SPECIAL CONTRIBUTIONS RECEIVED IN 1992 FOR EMERGENCY RELIEF AND REHABILITATION OPERATIONS

(In United States dollars)

Region/country	Nature of emergency/action taken	
	A. GENERAL RESOURCES/DIVERSIONS/REPROGRAMMING	
AFRICA		
Ethiopia	Ongoing emergency programme activities: interventions for children in especially difficult circumstances, institutional capacity-building and programme support	529,895
Liberia	Armed conflict: relief and rehabilitation programmes in health, water supply, education, children in especially difficult circumstances and programme support	1,076,374
Madagascar	Drought: interventions in nutrition and logistics	46,153
Malawi	Continuation of activities for Mozambican refugees: EPI	25,829
Mozambique	Ongoing relief and rehabilitation programmes: interventions in health, education, capacity-building and programme support	727,228
Somalia	Special Emergency Programme for the Horn of Africa: interventions in health, nutrition, water supply and sanitation, education and programme support	3,733,640
Sierra Leone	Liberian refugees: interventions in health, water supply and sanitation, education, household food security and programme support	358,522
Zaire	Conflict situation: interventions in health, water supply and sanitation, education and programme support	12,542
Zimbabwe	Drought: interventions in water supply	3,007
	Subtotal	6,513,191
AMERICAS AND THE CARIBBEAN		
Haiti	Special humanitarian assistance: interventions in health, nutrition, water supply and sanitation, monitoring and evaluation and programme support	212,466
	Subtotal	212,466
ASIA		
Afghanistan	Relief and rehabilitation programme: interventions in health, water supply and sanitation, nutrition, education and programme support	4,105,395
Philippines	Volcanic eruption: continuation of relief and rehabilitation interventions	42,306
Sri Lanka	Armed conflict: relief and rehabilitation programmes in health, nutrition, water supply and sanitation and programme support	266,459
	Subtotal	4,414,161

Annex II (continued)

Region/country	Nature of emergency/action taken	
MIDDLE EAST AND NORTH AFRICA		
Egypt	Earthquake: relief and rehabilitation activities in health, education and community organization	284,500
West Bank and Gaza	Ongoing physiotherapy services for intifadah victims	146,983
	Subtotal	431,483
	Adjustments	6,174
	Total, General resources/diversions/reprogramming	11,577,474

B. ALLOCATIONS OF FUNDS APPROVED BY MAIL POLL

AFRICA		
Mozambique	Drought/conflict situation: provision of drugs, medical supplies, supplementary foods and support for health personnel	2,000,000
Somalia	100-day Humanitarian Programme: interventions in health, supplementary feeding, water supply, sanitation and hygiene, household food security and programme support	6,000,000
	Subtotal	8,000,000
ASIA		
Afghanistan	Winter relief: provision of supplementary foods, essential drugs, health kits, fuels, drilling and rehabilitation of tube-wells, programme support	2,700,000
	Subtotal	2,700,000
MIDDLE EAST AND NORTH AFRICA		
Iraq	Inter-agency Humanitarian Programme (July 1992-March 1993): interventions in health, water supply and sanitation, nutrition, education, community organization, logistics and programme support	8,200,000
Sudan	Special Emergency Programme for the Horn of Africa: interventions in basic health services, supplementary feeding, water supply and support for community activities	5,000,000
	Subtotal	13,200,000

Annex II (continued)

Region/country	Nature of emergency/action taken	
CENTRAL AND EASTERN EUROPE		
Former Yugoslavia	Armed conflict: provision of children's clothing, blankets, vaccines, emergency health kits, supplementary foods and support for logistics and operations	5,100,000
	Subtotal	5,100,000
	Total, Allocations of funds approved by mail poll	29,000,000

C. SPECIAL CONTRIBUTIONS

AFRICA		
Angola	Second phase of the Special Relief Programme for Angola: interventions in food security, shelter and resettlement, health and nutrition, water supply, children in especially difficult circumstances and programme support	13,957
	Southern Africa drought emergency: interventions in basic health care, nutrition rehabilitation, water supply, household food security and resettlement support	204
Botswana	Southern Africa drought emergency: relief operations and building emergency preparedness for health	149
Cote d'Ivoire	Liberian refugees: interventions in health and nutrition care, water supply and sanitation, basic educational services and household food security	250
Ethiopia	Special Emergency Programme for the Horn of Africa: provision of emergency shelter and relief, interventions in health, supplementary feeding, water supply and sanitation and support for destitute children	10,695
Guinea	Liberian refugees: interventions in health and nutrition, water supply and sanitation	250
Kenya	Ethiopian and Somali refugees: water supply and sanitation project in refugee camps	1,713
	Special Emergency Programme for the Horn of Africa: provision of essential drugs, cold-chain equipment, vaccines, supplementary foods, relief supplies and equipment and programme support and logistics	15,393
Lesotho	Southern Africa drought emergency: provision of essential drugs, supplementary foods and seeds and programme support	1,402
Liberia	Armed conflict: relief and rehabilitation programmes in health, water supply and sanitation, education and programme support	7,097
Madagascar	Drought: provision of supplementary foods, micronutrient tablets, shelter materials and blankets, interventions in water supply and the health care delivery system	368

Annex II (continued)

Region/country	Nature of emergency/action taken	
AFRICA (continued)		
Malawi	Southern Africa drought emergency: interventions in water supply and sanitation and nutritional surveillance	3,320
Mozambique	Conflict situation: provision of drugs and vaccines, relief and survival items, seeds and agricultural tools, interventions in education and water supply	1,875
	Southern Africa drought emergency: provision of essential drugs and interventions in rural and urban water supply	7,115
Namibia	Southern Africa drought emergency: support for rural health services, water supply, nutritional surveillance, health information systems and programme support	1,841
Sierra Leone	Liberian refugees: Interventions in health and nutrition, water supply and sanitation, basic education and household food security	525
Somalia	Special Emergency Programme for the Horn of Africa: interventions in nutrition rehabilitation and support for basic health services, water supply and sanitation and programme support, including the 100-day humanitarian programme	37,349
Swaziland	Southern Africa drought emergency: provision of essential drugs and vaccines, and assessment of the emergency situation at community level	100
Zaire	Conflict situation: interventions in health, water supply and sanitation, education and programme support	3,000
Zambia	Southern Africa drought emergency: interventions in nutritional planning and surveillance, immunization, CDD, logistics and water supply	2,593
Zimbabwe	Southern Africa drought emergency: support for supplementary feeding programme, immediate and short-term water supply to drought areas	4,392
	Subtotal	113,588
AMERICAS AND THE CARIBBEAN		
El Salvador	Cholera outbreak: provision of essential drugs and ORS, health communication and training, evaluation and monitoring	270
Haiti	Special humanitarian assistance: interventions in health, water supply and sanitation	983
Peru	Cholera outbreak: provision of ORS, technical support	121
	Subtotal	1,374

Annex II (continued)

Region/country	Nature of emergency/action taken	
ASIA		
Afghanistan	Afghanistan relief and rehabilitation programme: interventions in health, water supply and sanitation, nutrition, education and programme support	5,198
Bangladesh	Rohingya refugees: interventions in health, water supply and sanitation	452
Sri Lanka	Armed conflict: provision of shelter and relief items, interventions in health, nutrition and food security, education, water supply and sanitation and programme support	233
Philippines	Volcanic eruption: continuation of relief and rehabilitation interventions	679
	Subtotal	6,562
MIDDLE EAST AND NORTH AFRICA		
Djibouti	Special Emergency Programme for the Horn of Africa: provision of immunization, therapeutic feeding, interventions in water supply and sanitation	189
Iraq	Inter-agency humanitarian assistance (January-June 1992): interventions in water supply and sanitation, health, EPI, nutrition, education	18,842
	Inter-agency humanitarian programme (July 1992-March 1993): interventions in health, water supply and sanitation, nutrition, education, community organization, logistics and programme support	17,032
Sudan	Special Emergency Programme for the Horn of Africa: provision of basic health services, supplementary and therapeutic feeding, shelter and relief items, interventions in water supply and sanitation and education, including operations from Nairobi	14,278
Turkey	Earthquake: relief and rehabilitation activities	623
	Subtotal	50,964
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION		
Albania	Drought/economic crisis: continuation of relief and rehabilitation interventions	9
Romania	Special emergency humanitarian assistance for institutionalized children: continued provision of essential drugs, vaccines, supplementary foods	624
Successor States to the former Soviet Union	Emergency assistance for child health for winter 1992-1993: provision of vaccines, essential drugs, supplementary foods, support for logistics and operations	37
Former Yugoslavia	Armed conflict: provision of children's clothing, blankets, vaccines, emergency health kits, supplementary foods, support for logistics and operations	21,368
	Subtotal	22,038
	Total, Special contributions	194,526